MAXIMUS Federal Services

Case Number:	CM15-0218954		
Date Assigned:	11/10/2015	Date of Injury:	08/07/2014
Decision Date:	12/22/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/06/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47-year-old female, who sustained an industrial injury on August 7, 2014. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having postconcussion syndrome, myofascial pain syndrome, low back pain, cervical sprain, strain, and thoracic outlet syndrome on left. Treatment to date has included physical therapy, home exercise, acupuncture, medication and myofascial release therapies x 6. On September 1, 2015, the injured worker reported to feel that she is starting to be more active and improving. She reported no being able to drive one hour and feels hopeful. She noted that myofascial work had been excelling in releasing her back and hip pain. She no longer had stabbing pains in the right side of her neck and traps. She still had deep muscle burning pain with sitting. Her current pain rating was a 4 on a 0-10 pain scale. Physical examination of the cervical spine revealed guarded and painful range of motion along with tenderness to palpation. Physical examination of the lumbar spine revealed full range of motion with guarding and pain. Tenderness to palpation was noted and lumbar facet loading was positive on the left side. A request was made for ergonomic evaluation with certified occupation therapy and myofascial therapy one time a week for six weeks. On October 22, 2015, utilization review denied a request for ergonomic evaluation with certified occupational therapy and myofascial therapy one time per week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ergonomic evaluation with certified Occupational therapist: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Ergonomic interventions.

Decision rationale: ODG states that ergonomic interventions are part of an option in a return to work program. In this case, the record indicates the claimant is improved with conservative therapy and a return to work plan is being implemented. An ergonomic consultation with occupational therapy is medically indicated to facilitate return to work.

Myofascial therapy 1x per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Myofascial pain overview Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: CA MTUS recommends massage therapy, for active tissue or myofascial release, as an adjunct to other therapies, such as exercise and states that it should be limited to 4-6 sessions. Massage is a passive treatment and treatment dependence should be avoided. The claimant has already been treated with massage therapy x 6 session and the request for 6 additional sessions exceeds the recommendation of limiting treatment to 4-6 sessions. Therefore, the request is not medically necessary.