

Case Number:	CM15-0034657		
Date Assigned:	03/03/2015	Date of Injury:	09/08/2012
Decision Date:	04/13/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/24/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 52 year old male, who sustained an industrial injury on 9/8/12. He has reported low back pain. The diagnoses have included low back pain, discectomy, recurrent disc herniation at L4-5 and left hemilaminectomy at L4-5. Treatment to date has included oral medications, epidural steroid injection of lumbar spine, physical therapy and activity restrictions. Currently, the injured worker complains of severe increase in lower back pain following a new injury. On 1/15/15 he stated he has some relief with medication and on exam tenderness is noted to palpation over the right side lower back region and pain with extension. On 1/30/15 Utilization Review non-certified myofascial therapy 1 time per week for 6 weeks of lumbar spine, noting the guidelines recommend 18 visits of manual therapy, he has already undergone some therapy, however the amount is unknown, so it is unknown if the current amount would exceed the recommendations. The MTUS, ACOEM Guidelines, was cited. On 2/9/15, the injured worker submitted an application for IMR for review of myofascial therapy 1 time per week for 6 weeks of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial therapy 1 time a week for 6 weeks, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: Guidelines recommend up to 18 visits of physical therapy for lumbar spine disease. The clinical records indicate that the patient has undergone some physical therapy, but it is unclear how many sessions have been completed or if the recommended maximum amount of therapy has already been exceeded. Thus, the request for 1 x 6 weeks of myofascial therapy for lumbar spine are not medically necessary due to a lack of information.