

Case Number:	CM15-0043226		
Date Assigned:	03/13/2015	Date of Injury:	01/06/2011
Decision Date:	04/16/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old male, who sustained an industrial injury on 01/06/2011. Initial complaints and diagnoses were not provided. Treatment to date has included conservative care, medications, myofascial release, and work hardening. Currently, the injured worker complains of low back pain with a severity rating of 0-10/10. Current diagnoses include degenerative lumbar disc disease, low back/thoracic sprain, myofascial syndrome. I was reported that the injured worker experienced significant improvement with the previous sessions of myofascial release in 2013. The treatment plan consists of continued home exercise program, 6 sessions of myofascial release, continued medications, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial therapy - 6 sessions: Overturned

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 Massage therapy, p60 Page(s): 60.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for chronic myofascial pain. The claimant is noted to be working and performing a home exercise program. Prior massage therapy in 2013 had been beneficial. The claimant is requesting a repeat course of treatment to help manage his symptoms and enable him to continue working. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. Guidelines recommend that it should be limited to 4-6 visits in most cases. In this case the number of treatment sessions is consistent with guideline recommendations and therefore medically necessary.