

Case Number:	CM14-0160652		
Date Assigned:	10/07/2014	Date of Injury:	11/04/2013
Decision Date:	10/30/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/29/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 34 year old female with an injury date of 11/04/13. Based on the 06/18/14 progress report provided by [REDACTED], the patient complains of lower back pain rated 6/10 that radiates down the right lower extremity. Physical exam to the lumbar spine reveals decreased range of motion. Straight leg raise test was positive bilaterally. Diagnosis 06/18/14- lumbar disc displacement without myelopathy- lumbar spine myofascitis- thoracalgia- lumbar left sciatica Treatment efficacy was assessed using a "Self Assessment of ADL Function and Improvement" form based on Rowe CR. The form is dated 06/18/14 and shows logged dates of assessment as follows: 01/06/14, 03/07/14, 06/18/14. The calculated functional improvement was 16% over 5 months. [REDACTED] is requesting Myofascial Release once a week for 6 weeks of the lumbar spine. The utilization review determination being challenged is dated 09/08/14. The rationale was not given. [REDACTED] is the requesting provider, and he provided treatment report dated 06/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial Release once a week for 6 weeks of the lumber spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS under its chronic pain section has the following.

Decision rationale: The patient presents with lower back pain rated 6/10 that radiates down the right lower extremity. The request is for Myofascial Release once a week for 6 weeks of the lumbar spine. Her diagnosis dated 06/18/14 includes lumbar disc displacement without myelopathy, lumbar spine myofascitis, thoracalgia and lumbar left sciatica. MTUS under its chronic pain section has the following regarding manual therapy and treatments: (pp58,59) Manual therapy & manipulation: "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain... ""Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." In review of reports, treater has submitted a form assessing ADL function and improvement on a numerical scale, which showed patient's calculated improvement to be 16% over a 5 month period logged on 01/06/14, 03/07/14, and 06/18/14. Based on guidelines, the patient is not within the trial period of 8 weeks. Functional improvement has been documented and patient has returned to work. However, the request for 6 visits exceeds MTUS allowance of 1-2 visits every 4-6 months. The request is not medically necessary.