

<b>Case Number:</b>	CM15-0170973		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	10/27/2013
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: California, District of Columbia, Maryland  
Certification(s)/Specialty: Anesthesiology, 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 49 year old female, who sustained an industrial injury on 10-27-2013. The mechanism of injury was cumulative trauma. The injured worker was diagnosed as having chronic back sprain-strain and chronic pain syndrome. A recent progress report dated 8-14-2015, reported the injured worker complained of extreme low back pain and hip pain that increased since chiropractic therapy. A progress note from 7-24-2015, noted the only thing that has helped the injured worker was myofascial therapy. Physical examination revealed sacroiliac and iliac spine tenderness. Radiology studies were not provided. Treatment to date has included chiropractic care, physical therapy and medication management. The physician is requesting 8 sessions of Myofascial Therapy to the Bilateral Upper Extremities and Back. According to documentation, there were 4 sessions of myofascial therapy approved on 5-27-2015. On 8-18-2015, the Utilization Review noncertified 8 sessions of Myofascial Therapy to the Bilateral Upper Extremities and Back due to needing additional clarification if the prior approved myofascial therapy was completed and if there was objective functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of Myofascial Therapy to the Bilateral Upper Extremities and Back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Per the MTUS CPMTG with regard to manual therapy and manipulation: Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. 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 reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines a. Time to produce effect: 4 to 6 treatments. b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered 'maximum' may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 4-6 visits should be documented with objective improvement in function. Palliative care should be reevaluated and documented at each treatment session. (Colorado, 2006) Injured workers with complicating factors may need more treatment, if documented by the treating physician. Number of Visits: Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Per progress report dated 7/24/15, it was noted that the injured worker reported that since her chiropractic care, her pain has referred over to the right side and now to both legs. She reported high velocity adjustments that have left her in worse pain. Her last chiro appointment was roughly a month ago. She reported that she completed 6+6 sessions of acupuncture with minimal benefit. The only thing that has helped so far has been myofascial therapy. Per progress report dated 7/6/15, it was noted that she has completed several massage therapy sessions. As the medical records do not specify how many sessions of myofascial therapy were completed, or document objective improvement in function, the medical necessity of further sessions cannot be affirmed and therefore is not medically necessary.