

Case Number:	CM15-0179507		
Date Assigned:	09/21/2015	Date of Injury:	02/08/2012
Decision Date:	10/26/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/11/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 46 year old male who sustained an industrial injury on 2-8-12 resulting in injury to his shoulder and low back. He is currently not working. Diagnoses included chronic pain; lumbar facet arthropathy; lumbar radiculopathy; right shoulder pain. He currently (7-28-15) complains of neck pain; constant low back pain radiating down bilateral lower extremities with numbness and tingling in the left lower extremity to the level of the toes; constant right shoulder pain; right foot pain; ongoing temporal headaches. The pain has worsened since his last visit. His pain level was 7 out of 10 with medication and 9 out of 10 without medication. On his last visit dated 6-19-15 his pain level was 6 out of 10 with medication and 8 out of 10 without medication. His pain levels have ranged from 5-8 with medications and 8-9 without medications from 2-13-15 through 7-28-15. His activities of daily living are limited due to pain in the following areas: self-care and hygiene, ambulation (uses a cane), sleep, sex and have remained unchanged. Medications do provide 50% improvement. On physical exam of the lumbar spine there was spasms bilaterally, tenderness on palpation at L4-S1, limited range of motion, facet signs were present bilaterally, decreased sensitivity and strength along the L4-S1 dermatome in the left lower extremity; there was tenderness on palpation at the right acromio-clavicular joint, right anterior shoulder and crepitation of the right shoulder. Diagnostics included MRI of the lumbar spine (5-24-12) showing disc desiccation at L2-3, L4-5 and L5-S1, scoliosis, disc protrusion, retrolisthesis. Treatments to date include medications: muscle relaxants, non-steroidal anti-inflammatories in the form of Ketoprofen, Norflex, tramadol, fenoprofen; home exercise program; physical therapy; cortisone injection right shoulder with significant relief for one

month. In the 7-28-15 progress note the treating provider's plan of care included a request for myofascial therapy for 1-2 times per week for four weeks. The injured worker has not had prior myofascial release therapy with requested body part. There has been a flare up in pain symptoms which has not resolved and requires directed myofascial release therapy. On 8-13-15 utilization review evaluated and non-certified the request for myofascial release therapy for the lumbar spine 2x4 for the lumbar spine based on limited information detailing the injured workers response to previously completed therapy or if it was successful and no incident of aggravation with associated decline in function that was unresponsive to home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial release therapy for lumbar spine 2x4: 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): Massage therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, and Massage therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, myofascial release therapy lumbar spine 2 times per week times 4 weeks is not medically necessary. Massage is a passive intervention and considered an adjunct to other recommended treatment, especially active interventions (e.g. exercise). Massage therapy should be limited to 4-6 visits in most cases. See the guidelines for details. Massage therapy is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. In this case, the injured worker's working diagnoses are chronic pain; lumbar facet arthropathy; lumbar radiculopathy and right shoulder pain. Date of injury is February 8, 2012. Request for authorization is August 5, 2015. According to a July 28, 2015 progress note, subjective complaints include Pain lower extremity pain and low back pain. The injured worker received prior myofascial release therapy. There is no progress note documentation demonstrating objective functional improvement. The total number of myofascial therapy sessions is not documented. The guidelines limit massage therapy (myofascial release therapy) to 4-6 sessions in most cases. There are no compelling clinical facts indicating additional myofascial release therapy is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement from prior myofascial release therapy and no documentation showing the total number of myofascial release therapy sessions to date, myofascial release therapy lumbar spine 2 times per week times 4 weeks is not medically necessary.