

Case Number:	CM15-0023715		
Date Assigned:	02/13/2015	Date of Injury:	12/21/2001
Decision Date:	04/01/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/09/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51-year-old female, with a reported date of injury of 12/21/2001. The diagnoses include myofascial pain of the lumbar spine and degenerative lumbar disc disease. Treatments have included home exercise program, oral pain medication, and topical pain medication. The medical report dated 12/15/2014 indicates that the injured worker was having problems with her low back. She stated that she was unchanged. The injured worker rated her pain 6 out of 10. The physical examination of the thoracolumbar spine showed normal lordotic curve, discrete tenderness to palpation of the trigger points over the low back and buttocks, decreased range of motion, intact motor and sensation, and the ability to walk on her heels and toes without difficulty. The treating physician requested six myofascial therapy sessions to the lumbar spine to address the large myofascial pain component of her symptoms. On 01/28/2015, Utilization Review (UR) denied the request for six myofascial therapy sessions, two times a week for three weeks to the lumbar spine as an outpatient. The UR physician noted that there was a lack of functional or neurological deficits. The ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Myofascial Therapy 2x a week for 3 Weeks Related to Low Back as an Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) <https://www.acoempracguides.org/> Low Back: Table 2 Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Pages 98-99.

Decision rationale: The MTUS recommends passive therapy only during the early phases of the treatment and when they can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. The age of the patient's claim does not meet the requirement of the early phase of treatment. 6 Sessions of Myofascial Therapy 2x a week for 3 Weeks Related to Low Back as an Outpatient is not medically necessary.