

Case Number:	CM15-0047229		
Date Assigned:	03/19/2015	Date of Injury:	04/26/2012
Decision Date:	05/07/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/12/2015

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, Massachusetts
 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 64-year-old female, who sustained an industrial injury on April 26, 2012. She reported injury of the low back. The injured worker was diagnosed as having lumbosacral disc injury, lumbar spine radiculopathy, lumbar sprain/strain injury, and myofascial pain syndrome. Treatment to date has included medications, home exercises, and urine drug screening. On November 5, 2014, she is seen for continued low back pain with radiation into the right leg. The treatment plan included continuation of Cyclobenzaprine, Meloxicam, Lidoderm patch, and Tylenol #3; continue home exercising. On February 17, 2015, she has continued low back pain. The treatment plan included request for psychology evaluation. The records are unclear regarding results of treatment already received. The request is for electro-acupuncture, infrared, and myofascial release for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electroacupuncture, twice weekly, lumbar spine, per 12/23/2014 order Qty: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the acupuncture medical treatment guidelines, the requested treatment is appropriate as "an adjunct to physical rehabilitation and or surgical intervention to hasten functional recovery". The proposed treatment outlined in the provided medical records does not mention physical rehabilitation program or surgical intervention, indicating that the requested treatment is not an adjunct treatment. Consequently, the requested treatment is not clinically appropriate based on the cited guidelines.

Infrared, twice weekly, lumbar spine, per 12/23/2014 order Qty: 6.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Infrared therapy (IR).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Infrared is a treatment modality, which has not been proven to be more efficacious than traditional methods of applying heat therapy. Consequently the requested is not supported. Based on the above-cited guidelines and the reviewed medical records, the requested therapy is not medically necessary.

Myofascial release, twice weekly, lumbar spine, per 12/23/2014 order Qty: 6.00: Overturned

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 manual therapy and manipulation Page(s): 58-60.

Decision rationale: Myofascial release is an alternative medicine therapy aims to relax contracted muscles, improve blood and lymphatic circulation, and stimulate the stretch reflex in muscles. According to CA MTUS, manual therapy (manipulation) 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". The requested therapy is within the recommended therapeutic trial of 6 visits over 2 weeks. The peer reviewer states that regarding myofascial release, "there is no evidence that myofascial release is separate procedures rather than modalities to the electroacupuncture." Myofascial release is not electroacupuncture. It is a different treatment that is discussed in a different section of the California guidelines. The peer reviewer also states that there is insufficient information, but does not specify what information is needed and if any attempts were made to obtain the information. Consequently, based on the above-cited guidelines and the reviewed medical records, the requested treatment is appropriate and medically necessary.

