

<b>Case Number:</b>	CM15-0071582		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: Arizona, California  
Certification(s)/Specialty: Family Practice

### 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 33 year old female, who sustained an industrial injury on 9/10/2013. She reported pain in her neck, low back and right arm after lifting. Diagnoses have included cervical disc herniation and lumbago. Treatment to date has included magnetic resonance imaging (MRI), physical therapy and medication. According to the progress report dated 3/26/2015, the injured worker complained of neck and right arm pain and paresthesias and low back pain. Physical exam revealed spasms in the cervical and lumbar regions. There was tenderness in the lower lumbar region. Authorization was requested for myofascial therapy to the cervical, shoulder and lumbar areas; evaluate and treat, twelve sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Myofascial therapy cervical, shoulder, lumbar eval and treat 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Myofacial therapy Page(s): 60.

**Decision rationale:** According to the guidelines, massage therapy which incorporates myofacial therapy is recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. In this case, the amount of sessions requested exceeds the amount suggested by the guidelines. The claimant had already undergone physical therapy. The request for 12 sessions of myofacial therapy is not medically necessary.