

Case Number:	CM15-0097223		
Date Assigned:	05/27/2015	Date of Injury:	05/07/2002
Decision Date:	06/25/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/20/2015

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: Physical Medicine & Rehabilitation

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 59 year old female who sustained an industrial injury on 05/07/2002. Current diagnoses include lumbar disc with radiculitis, degeneration of limb disc, and myofascial pain. Previous treatments included medication management. Report dated 04/10/2015 noted that the injured worker presented with complaints that included low back and left groin pain, unsteadiness with walking, and weakness in the left lower extremity. Current medication regimen includes Norco, Cymbalta, Lidocaine topical ointment, Dyazide, and Atenolol. Pain level was not included. Physical examination was positive for decreased range of motion in the lumbar spine, decreased strength in the left lower extremity, positive straight leg raise on the left, tenderness in the left sacroiliac joint, tenderness in the lumbar spine, and pain is reproduced with facet loading on the left. The treatment plan included refilling Norco and Cymbalta, continue Lidocaine topical ointment, and request for myofascial therapy. Disputed treatments include myofascial therapy for the lumbar spine, 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial therapy for lumbar spine Qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Myofascial, page 122.

Decision rationale: Myofascial therapy is recommended for time-limited use in sub-acute and chronic pain patients without underlying serious pathology and as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises; however, this is not the case for this chronic injury status post significant conservative therapy currently on an independent home exercise program without plan for formal therapy sessions. The patient has received a significant amount of multiple treatment modalities without any specific change in chronic symptom complaints, clinical findings, and functional status. A short course may be appropriate during an acute flare-up; however, no new injury or flare is reported nor is there any demonstrated clinical change or functional improvement from treatment rendered previously for this chronic injury. Without any new onset or documented plan for a concurrent active exercise program, criteria for myofascial therapy have not been established per MTUS Chronic Pain Guidelines. The Myofascial therapy for lumbar spine Qty: 6 is not medically necessary and appropriate.