
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/19/2013

IMR Case Number:	CM13-0011579	Date of Injury:	1/7/2005
Claims Number:	[REDACTED]	UR Denial Date:	8/5/2013
Priority:	Standard	Application Received:	8/15/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED], MD		
Treatment(s) in Dispute Listed on IMR Application:	Left L4-S1 lysis of adhesions and Myofascial release therapy 2x4 to lumbar and cervical spine		

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 45-year-old female who reported an injury on 01/07/2005. The patient has a history of prior lumbar spine fusion at L4-5 and L5-S1. The patient has undergone transforaminal epidural steroid injection in 01/2013 and a lysis of adhesion procedure at L4-5 on 06/13/2013. The patient continues to have complaints of low back pain radiating to the left lower extremity and neck pain radiating to the upper extremities. The most recent note on 09/05/2013 reported the prior lysis of adhesions provided greater than 50% improvement. The patient has physical exam findings of decreased lumbar spine range of motion, myofascial tenderness upon palpation, and neurologic deficits in the upper extremities. The patient has diagnoses to include lumbar radiculopathy, lumbar facet arthropathy, failed back syndrome, fibromyalgia, and chronic pain. Treatment plan is for myofascial release and L4 through S1 lysis of adhesion.

IMR DECISION(S) AND RATIONALE(S)

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

1. Left L4-S1 lysis of adhesions is not medically necessary and appropriate.

The Claims Administrator based its decision on the ODG-TWC Low Back Procedure Summary.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines, Low Back, Adhesiolysis.

The Physician Reviewer's decision rationale:

California MTUS/ACOEM Guidelines do not address this request; however, Official Disability Guidelines state that lysis of adhesions is not recommended. Furthermore, there is no indication

that the patient has undergone a lumbar epidural steroid injection attempt after the previous lysis of adhesions or undergone recent imaging to confirm presence of adhesions blocking access to the nerve roots. Lastly, the most recent physical examination failed to reveal any neurologic deficits in the L4 through S1 distribution on the left to warrant the proposed procedure. As such, the request is non-certified at this time.

2. Myofascial release therapy 2 times 4 to the lumbar and cervical spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Massage Therapy, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Massage Therapy, page 60, which is part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS guidelines states that massage therapy is recommended as an option but treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. The patient does have evidence of myofascial tenderness to the lumbar and cervical spine per clinical note dated 09/05/2013. The patient also has a diagnosis of fibromyalgia. The clinical notes indicate the patient is carrying out an ongoing home exercise program. However, guidelines recommend 4 to 6 sessions of massage therapy. The current request is for 8 visits which would exceed evidence based guidelines for total duration of care. As such, the request is non-certified at this time.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0011579