

<b>Case Number:</b>	CM13-0055604		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/10/2003
<b>Decision Date:</b>	04/02/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Neurology, has a subspecialty in Neuromuscular Medicine 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

██████████ is a 57-year-old woman who sustained a work related injury on November 10, 2003. Subsequently, she developed into chronic back pain. According to the note of ██████████ dated on October 25, 2013 the patient was complaining of ongoing back pain with intensity score 6.5/10 despite treatment with opioids and Lyrica. Her physical examination demonstrated tenderness to palpation over the upper and lower back. Her provider requested authorization for 8 visits for myofascial release therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) initial myofascial release therapy (PUSH Therapy) for the lumbar spine, as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, trigger point injections are not recommended for chronic back pain. There is no documentation that the patient has myofascial pain or identification of myofascial trigger points. In addition there is no clear documentation

that the patient failed first line oral medications. Therefore, the prescription of eight (8) initial myofascial release therapy (PUSH Therapy) for the lumbar spine, as an outpatient is not medically necessary.