

<b>Case Number:</b>	CM14-0133101		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	02/03/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/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:

This 51-year-old patient sustained an injury on 2/3/12 while employed by [REDACTED]. Request(s) under consideration include Myofascial Release sessions, lumbar 2x3. Diagnoses include Coccyx pain; left ankle pain; left Achilles tendonitis; lumbar spine sprain/strain. Comprehensive AME report of 11/4/13 noted patient to be P&S with future medical provision to include a home exercise program, over-the-counter analgesics and anti-inflammatory medications. Report of 8/5/14 from the provider noted the patient with ongoing chronic low back pain associated with numbness radiating down left leg to top of foot and toes; ongoing left ankle pain radiating up medial calf. Noted was deep tissue massage was helping. Exam showed tenderness at paraspinal muscles L3, L4, and L5; full range of lumbar spine; mild tenderness in Achilles tendon and retrocalcaneal bursa with full ankle range; motor strength of 5/5 throughout; and decreased sensation in left L5 distribution. The request(s) for Myofascial Release sessions, lumbar 2x3 was non-certified on 8/9/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Myofascial Release sessions, lumbar:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Myofascial Pain/therapies, page 772-773.

**Decision rationale:** Per ODG, myofascial pain is defined as pain or autonomic phenomena associated with range of motion dysfunction referred from active trigger points, a focus of hyperirritability in a palpable taut band of skeletal muscle that, when compressed, is locally tender and, if sensitized, gives rise to referred pain and tenderness. The therapy for myofascial pain requires enhancing central inhibition through pharmacology or behavioral techniques and simultaneously reducing peripheral inputs through physical therapies including exercises and trigger point-specific therapy. Per Guidelines, due to a lack of research, treatment is not recommended as long-term clinical efficacy of most treatment for trigger points and myofascial pain has not been determined. Submitted reports have not adequately demonstrated specific clinical findings of myofascial etiology nor show functional benefit from previous treatment modalities. There is no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain with radicular symptoms and findings, not consistent with myofascial diagnosis. The Myofascial Release sessions, lumbar 2x3 is not medically necessary.