

<b>Case Number:</b>	CM14-0036592		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/17/1997
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 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:

The injured worker is a 62 year old female who reported an injury to her low back on 2/17/1997. A clinical note dated 02/05/14 indicated the injured worker complaining of mobility deficits and ongoing muscle spasms in the lumbar spine. Lumbar spine pain radiated all the way to the feet. The initial injury occurred on 02/17/97. A clinical note dated 12/13/13 indicated the injured worker continuing with increase in low back pain. Prolonged sitting exacerbated pain. The injured worker utilized Lidoderm, Cymbalta, Celebrex, oxycodone, Dilaudid, Lyrica, ketamine for pain relief. A clinical note dated 03/15/13 indicated the injured worker developing a lump seven months ago in the lumbar spine. The operative note dated 08/02/13 indicated the injured worker undergoing removal of fibrous connective dense fibrous connective tissue. The area was identified throughout the left side of the low back. The utilization review dated 03/07/14 resulted in a partial approval of six myofascial release sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Myofascial Release x 12 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Medicine Other Medical Treatment Guideline or Medical Evidence:Also: Other Medical Treatment Guideline or Medical Evidence: 1.)Benjamin B. Mize, MD, Howard T. Sharp, MD. Zeroing in on myofascial pain. AUG 01, 2011.2.)Juhani V. Partanena, Tuula A. Ojalab, Jari P.A. Arokoski. Pathophysiology. Volume 17, Issue 1, February 2010, Pages 19-28. Myofascial syndrome and pain: A neurophysiological approach.

**Decision rationale:** The request for Myofascial Release x 12 sessions is not medically necessary. The injured worker had a long history of ongoing low back complaints. The injured worker underwent a number of therapeutic interventions in the interim. The injured worker was approved for trial of six sessions of myofascial release in the lumbar spine. However, no objective data was submitted confirming a positive functional response. Without this information in place it is unclear if the injured worker would benefit from additional myofascial release sessions. Therefore, this request is not indicated as medically necessary and appropriate.