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| <b>Case Number:</b>   | CM14-0200751 |                              |            |
| <b>Date Assigned:</b> | 12/11/2014   | <b>Date of Injury:</b>       | 09/19/2011 |
| <b>Decision Date:</b> | 01/31/2015   | <b>UR Denial Date:</b>       | 10/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/01/2014 |

### 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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 50-year-old female who was injured on September 19, 2011. The patient continued to experience pain in her mid and low back, and right wrist. Physical examination was notable for tenderness to thoracolumbar paravertebral muscles. Diagnoses included chronic thoracic spine sprain/strain, chronic lumbar spine, sprain/strain, and status post surgery for right wrist TFCC. Treatment included medications, activity restriction, epidural steroid injection, surgery, and home exercise program. Request for authorization for myofascial release of the right wrist, lumbar and thoracic spine was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Myofascial release for the right wrist, lumbar and thoracic spine x 1: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: J Bodyw Mov Ther. 2015 Jan;19(1):102-12; Effectiveness of myofascial release: Systematic review of randomized controlled trials.

**Decision rationale:** Myofascial release (MFR) is a form of manual therapy that involves the application of a low load, long duration stretch to the myofascial complex, intended to restore optimal length, decrease pain, and improve function. The literature regarding the effectiveness of MFR was mixed in both quality and results. Although the quality of the random control trials studies varied greatly, the result of the studies was encouraging, particularly with the recently published studies. There is insufficient evidence to determine efficacy or safety. The request of Myofascial release for the right wrist, lumbar and thoracic spine x 1 is not medically necessary.