

<b>Case Number:</b>	CM14-0201493		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	11/04/1994
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/19/2014
<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 Physical Medicine Rehab, 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's original date of injury was November 4, 1994. The patient has chronic low back pain and multiple examinations have documented lumbar spine tenderness especially along the paraspinal musculature. The disputed issue is a request for eight sessions of myofascial release. Conservative care has consisted of at least 30 physical therapy visits. A utilization review determination on November 19, 2014 had denied the request for myofascial release. The rationale provided was that the patient has already had 30 prior sessions of physical therapy involving myofascial release and there was no discussion of benefit and reduction in medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Myofascial release for 8 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

**Decision rationale:** Myofascial release is a form of massage therapy. Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is

recommended as an option. They go on to state the 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. With regard to the current request of 8 sessions, this number of visits exceeds guideline recommendation. Unfortunately the IMR process does not allow for modification, and the currently requested myofascial therapy is not medically necessary.