

<b>Case Number:</b>	CM15-0189120		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	01/28/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 28-year-old female who sustained an industrial injury on 01-28-2014. According to a progress report dated 08-25-2015, the injured worker reported persistent flare-up of pain in the left buttock radiating down the left leg as well as pain in the left trapezius muscle. Pain was rated 9-10 on a scale of 0-10. The injured worker reported being depressed. Medications included Tizanidine, topical cream, Omeprazole, Lidoderm 5% patch, Ibuprofen and Baclofen. Tenderness to palpation was noted in the left piriformis muscle. Gait was antalgic. Diagnoses included sacroiliac pain, myofascial pain syndrome, chronic pain syndrome and lumbar radiculopathy. The treatment plan included six sessions of low-level laser therapy on a pro bono basis in order to deal with the flare-up and trial of 6 myofascial release therapy sessions. The provider noted that the treatment would be used as an adjunct to active modalities such as an exercise program. The injured worker was temporarily totally disabled until 09-20-2015. An authorization request dated 09-01-2015 was submitted for review. The requested services included ultrasound guided corticosteroid injection to the left piriformis and 6 sessions of myofascial release therapy done in office over 2-month period. According to a medical evaluation dated 03-17-2015, treatments provided to the injured worker has included physical therapy, sacroiliac joint injection, chiropractic adjustments, myofascial release therapy and acupuncture with only short lasting improvement. On 09-15-2015, Utilization Review non-certified the request for myofascial release therapy low back and authorized the request for corticosteroid injection to the left piriformis and ultrasound guidance.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Myofascial release therapy, low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation, Massage therapy.

**Decision rationale:** Massage and manual therapy involve myofascial techniques. The guidelines recommend such modalities with a short trial to determine if there is benefit. The claimant had undergone prior myofascial intervention without significant benefit. The request for additional myofascial intervention is not a medical necessity.