

<b>Case Number:</b>	CM14-0151875		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	01/27/1987
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Management and is licensed to practice in Tennessee. 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 is a 68 year old male with a 1/27/87 injury date. The mechanism of injury was not provided. In a 5/6/14 follow-up, the patient reports increasing pain levels over the last 2 weeks with trouble bending and twisting at the waist, and standing for long periods. Objective findings include limited lumbar range of motion, hypertonic musculature, positive bilateral Kemps, positive SLR on the right at 35 degrees, and hypomobility at T12-L1. Diagnostic impression: chronic low back pain. Treatment to date: chiropractic care, physical therapy, home exercise. A UR decision on 9/12/14 denied the request for 4 myofascial trigger point therapy sessions based on a lack of objective findings that support a diagnosis of myofascial pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four (4) Myofascial Trigger Point Therapy sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**Decision rationale:** CA MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon

palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. In the present case, there is limited documentation of objective exam findings that support a diagnosis of myofascial pain such as palpation of a twitch response and referred pain. The medical necessity of the requested procedure is not established at this time. Therefore, the request for Four (4) Myofascial Trigger Point Therapy sessions is not medically necessary.