

<b>Case Number:</b>	CM13-0007677		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	10/11/2003
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2013

### 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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 43 year old female with a work injury dated 10/11/03. Her diagnoses include hip pain, low back pain, lumbosacral disc degeneration. There is a 7/23/13 primary treating physician progress report which states that the patient is complaining of low back pain radiating from low back down the right leg. The pain level has increased since last visit. She does not report any change in location of pain. The patient denies any other symptoms other than pain. There are no new problems or side-effects. Her quality of sleep is poor. She is not trying any other therapies for pain relief. She denies any new injury since last visit. Since last visit, quality of life has remained the same. Her activity level has remained the same. The patient is taking her medications as prescribed. She states that medications are working well. No side effects reported. There is a request for the medical necessity of bilateral trigger point injections to the quadrates lumborum and lumbar paravertebral. There is a 06/02/2011 MRI of the lumbar spine without contrast that revealed a 1.3 cm dorsal uterine fibroid but was otherwise negative. She has had trigger Point Injection (on Dec 17, 2012) and with excellent relief per documentation. On physical exam the patient has antalgic slow gait and doesn't use assistive devices. The lumbar spine range of motion is restricted with flexion limited to 30 degrees limited by pain and extension limited to 5 degrees. On palpation, paravertebral muscles reveal spasm and tenderness, and trigger points (a twitch reponse was obtained along with radiating pain on palpation) is noted on both the sides. The patient can't walk on heel, can walk on toes. Lumbar facet loading is positive on both the sides. Ankle jerk is 1/4 on both the sides. Patellar jerk is 2/4 on both the sides. Trigger point with radiating pain and twitch response on palpation at lumbar paraspinal muscles on right and left quadratus lumborum muscle right and left. Motor testing is limited by pain. Motor strength of extensor hallicus longus is 4/5 on right and 5-/5 on left, ankle dorsi

flexor's is 4/5 on right and 5-/5 on left, ankle planter flexor's is 4/5 on right and 5-/5 on left, knee extensor's is 5/5 on both sides. On sensory examination, light touch sensation is decreased over lateral foot, medial foot on the right side. Per the patient, she is working with lawyer in regards to denied appeal for L5 and S 1 transforaminal steroid injection. Additionally the document states that the patient last received trigger point injections 12/17/2012 to lower back and noted > 75% pain relief for about 6 weeks. She recalls less muscle tension, decreased muscle spasms, and increased ability to sit or stand for long periods of time due to decreased pain.

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

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

#### **TRIGGER POINT INJECTIONS TO THE LUMBAR PARAVERTEBRAL AREA, LEFT QUADRATUS LUMBORUM, RIGHT QUADRATUS LUMBORUM: Upheld**

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

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

**Decision rationale:** The history and physical as well as treatment plan for a lumbar epidural steroid injection suggest radicular symptoms which does not meet the MTUS criteria for trigger point injections. Furthermore, there is no evidence of documented objective functional improvement from past trigger point injections. The request for trigger point injection to bilateral paravertebral, left quadratus lumborum, right quadratus lumborum is not medically necessary.