

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0011670 |                              |            |
| <b>Date Assigned:</b> | 06/06/2014   | <b>Date of Injury:</b>       | 06/06/2011 |
| <b>Decision Date:</b> | 07/25/2014   | <b>UR Denial Date:</b>       | 07/23/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/15/2013 |

### 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 and Rehabilitation 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 is a 32-year-old male who reported an injury on 06/06/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 02/19/2014 indicated a diagnosis of lumbar radiculopathy. The injured worker reported low back and lower extremity pain. The injured worker was status post a L4, L5 and S1 laminectomy dated 05/2012. The injured worker reported numbness in his posterior left leg but felt it more in his right posterior leg. He reported the pain was exacerbated by sitting at 90 degrees, lifting, twisting and alleviated by lying in a recliner or bed. The injured worker underwent an EMG/NCS which demonstrated left L5-S1 radiculopathy in 2013. The injured worker reported the pain radiated down the back of his left lower extremity. He reported weakness in his left plantar flexor. The injured worker reported he performed his home exercise programs independently. On physical examination, the injured worker had positive dural tension signs in the left lower extremity, hip abductor was 4+/5 left dorsal flexors and left plantarflexors were 5-/5 and positive interspinous tenderness in the lumbar spine. The injured worker reported improvement in symptoms overall and states that he had 40% improved compared to how to was doing after his surgery. The injured worker reported taking minimal doses of Vicodin as needed for pain. The injured worker's prior treatments included diagnostic imaging, surgeries, physical therapy and medication management. The injured worker's medication regimen included ibuprofen, Celebrex and Vicodin. The provider submitted a request for trigger point injections into his lumbar paraspinal muscles. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIGGER POINT INJECTIONS INTO HIS LUMBAR PARASPINAL MUSCLES 1 INJECTION EVERY 2 WEEKS (TOTAL OF 5): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, page(s) 122 Page(s): 122.

**Decision rationale:** The request for trigger point injections into his lumbar paraspinal muscles 1 injection every 2 weeks not medically necessary. The California MTUS guidelines recommend lumbar trigger point injections only for myofascial pain syndrome with limited lasting value, and it is not recommended for radicular pain. Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, symptoms have persisted for more than three months, medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain, radiculopathy is not present, not more than 3-4 injections per session, no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement, frequency should not be at an interval less than two months, trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. There is lack of evidence in the documentation that medical management therapy such as ongoing stretching exercises, NSAIDs and opioids have failed to control pain. In addition, the injured worker has evidence of radiculopathy. In addition, the documentation submitted did not indicate a trigger point with evidence upon palpation of a twitch response. Therefore, the request for trigger point injections into his lumbar paraspinal muscles 1 injection every 2 weeks total (total of 5) is not medically necessary.