

<b>Case Number:</b>	CM13-0012719		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	03/16/2009
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 Family Practice and is licensed to practice in Arizona. 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 patient is a 53 year old male with a date of injury on 3/16/2009. The patient has been treated for ongoing symptoms in the low back and the left foot. Diagnoses include foot pain, pain in limb, mood disorder, and causalgia lower limb. Subjective complaints are of lumbar pain that is 9/10 and described as stabbing and radiating to both legs, and left foot pain that is rated 8/10. Physical exam shows decreased lumbar range of motion, tenderness over sacroiliac spine, trigger point tenderness with twitch response over the lumbar paraspinal muscles, and negative straight leg raise test. Prior treatment has included Transcutaneous Electrical Nerve Stimulation (TENS), H-wave, medications, spinal cord stimulator (2011), and orthotics. Trigger point injections were performed on the lumbar spinal region on 4/18/2013 and 5/18/2013, with subsequent visits not identifying any improvement with these procedures.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Acute & Chronic), MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) LOW BACK, MRI

**Decision rationale:** ACOEM recommends MRI of lumbar spine when cauda equina, tumor, infection, or fractures are strongly suspected or if patient has had prior back surgery. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. The ODG recommends MRI exam for uncomplicated back pain with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Also if there is suspicion for cancer, infection, or other "red flags". This patient did not show signs/symptoms suggestive of tumor, infection, fracture, or progressive neurologic deficit. While this patient does have subjective complaints of lumbar radiculopathy, there is a negative straight leg raise test and no neurological deficits. Therefore, the medical necessity of a Lumbar MRI is not established.

**TWO TRIGGER POINT INJECTIONS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

**Decision rationale:** CA MTUS guidelines recommend trigger point injections for myofascial pain when trigger points are identified, symptoms have persisted for more than 3 months, conservative treatments have failed and radiculopathy is not present by exam, imaging or neuro-testing. Repeat injections are not recommended unless greater than 50% pain relief is obtained for six weeks and there is documented functional improvement. For this patient, multiple prior trigger point injections had been performed. Documentation does not demonstrate that these injections provided any significant benefit for the patient. In the absence of any significant benefit from previous trigger point injections, repeat injections are not medically necessary. Therefore, the medical necessity of trigger point injections has not been established.