

<b>Case Number:</b>	CM13-0039572		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	11/05/2003
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, 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 physician 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 52-year-old who reported an injury on 11/05/2003. The patient is currently diagnosed with lumbar postlaminectomy syndrome, status post L5-S1 fusion in 2004, status post opiate detoxification, medication induced gastritis, neurogenic bladder, revision of spinal cord stimulator in 2009, intrathecal morphine pump placement in 2011, obstructive sleep apnea, and status post CVA with residual right hemi paresis. The patient was seen by [REDACTED] on 09/04/2013. The patient reported ongoing pain with difficulty sleeping. It is noted that the patient received 50% benefit from trigger point injections in the past. Physical examination revealed no acute distress, tenderness to palpation in the posterior lumbar musculature with muscle rigidity, numerous trigger points throughout the lumbar musculature, decreased range of motion, positive straight leg raising, and decreased strength. Treatment recommendations included continuation of current medications, a refill of the patient's intrathecal infusion pump, and 4 trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four trigger point injections with 10cc 0.25% Bupivacaine, performed on 9/4/2013:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. As per the documentation submitted, there is no evidence of a recent failure to respond to conservative treatment including stretching exercise, physical therapy, NSAIDs (non-steroidal anti-inflammatory drugs), and muscle relaxants. Additionally, there was no documentation upon physical examination of a palpable twitch response with referred pain. The patient previously received four trigger point injections on two separate occasions on 03/27/2013 and 04/24/2013 by [REDACTED]. Although it is noted on 09/04/2013, the patient received 50% pain relief, there was no documentation of objective measurable improvement for at least 6 weeks following the initial series of injections with evidence of functional improvement. Therefore, the request for four trigger point injections with 10cc 0.25% Bupivacaine, performed on 9/4/2013, is not medically necessary or appropriate.