

<b>Case Number:</b>	CM13-0057410		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/30/1986
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 reported an injury on 01/30/1986. The patient has had a longstanding issue with back pain due to an old Workers' Comp related problem. The patient reportedly had undergone a spine surgery by [REDACTED] in the late 1970s. The documentation indicates the patient periodically gets injections of steroids every 2 months to both the sacroiliac joints by [REDACTED] which has kept him mobile with some relief for about 6 weeks at a time, and the patient has noted intermittent shooting of pain into the bilateral lower extremities at times. The patient was most recently seen on 12/04/2013 where upon he had complaints of persistent pain in his lumbar spine rating his pain as an 8/10 the same on his exam date of 10/28/2013. The patient had previously undergone an epidural steroid injection by a [REDACTED] with pain management. The last injection which had been approximately 3 years prior had given the patient approximately 50% pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for a referral to [REDACTED] (Pain Mgt/Anesthesiologist) for LS Trigger Point Injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Low Back Procedure

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

**Decision rationale:** Under California MTUS Guidelines, it states that if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The patient had previously been seen by a [REDACTED] for epidural steroid injections; however, the request is for the patient to see him for trigger point injections. Under California MTUS Guidelines, trigger point injections are recommended only for myofascial pain syndrome, but not for patients who have radicular pain. The documentation dated 10/28/2013 states that the patient had complaints of lumbosacral pain with radiation of pain into the left greater than right and has hamstring pain as well as cramping feeling in the calves. Prior to that, the patient had complaints of pain shooting into both legs which was intermittent (as noted in the documentation dated 09/11/2013). Because the patient has had complaints of radicular symptoms into the bilateral lower extremities, he does not meet guideline criteria for a trigger point injection at this time. Therefore, the referral with trigger point injections is not considered medically necessary and is non-certified.