

<b>Case Number:</b>	CM13-0059682		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/01/2011
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Anesthesiology has a subspecialty in 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 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 47 year old female with a reported date of injury on 06/01/2011. The mechanism of injury reported was not provided in the medical records for review. The clinical note dated 10/30/2013 noted the injured worker reported that her pain was improved by 10%. The injured worker continues to complain of low back pain continues to have low back pain. The injured worker had tenderness to palpitation and spasms in the lumbar spine. The injured worker had a diagnosis of Lumbar spine disc bulge/fa/radic. The injured workers medication regimen included ibuprofen 400mg twice a day, Methocarbamol 750 mg, gabapentin 300 mg and Tramadol 50 mg daily. The acupuncture note dated 10/2013 noted the injured worker had a pain level of 8 and the injured workers progress had worsened since the previous visit. The physiotherapy progress note dated 10/07/2013 noted the injured worker reported her low back pain was the same since the previous visit. The treatment plan indicated is for the injured worker to continue the medications previously listed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIGGER POINT INJECTION LUMBAR SPINE, SIX (6) TIMES:** 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:** The CA MTUS guidelines note trigger point injections are not recommended for injured workers with radicular pain. The guidelines state that documentation of the trigger points with evidence on palpation of a twitch response as well as referred pain, the injured worker must have symptoms persisted for more than three months documented; therapies such as ongoing stretching exercises, physical therapy, medications that have failed to control pain; Radiculopathy is not to be present (by exam, imaging, or neuro-testing); Not to have more than 3-4 injections per session; there are to be no repeat injections unless a greater than 50% pain relief is retained 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; The clinical note provided for review gave the patient the diagnosis of Radiculopathy. One of the required guideline criteria is to not have Radiculopathy present (by exam, imaging, or neuro-testing) and the injured worker has a diagnosis of radiculopathy. There were no other documents provided that met the guidelines by the MTUS. The requested injections 6 times would not be within guideline recommendations. Therefore the request for the trigger point injection lumbar spine; six times is non-certified.