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| <b>Case Number:</b>   | CM14-0002606 |                              |            |
| <b>Date Assigned:</b> | 01/29/2014   | <b>Date of Injury:</b>       | 05/13/2003 |
| <b>Decision Date:</b> | 06/16/2014   | <b>UR Denial Date:</b>       | 12/30/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/07/2014 |

### 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 Pain Medicine and is licensed to practice in Texas. 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 patient is a 42 year old male whose date of injury is 05/13/2003. The patient was involved in a motor vehicle accident while working as a sheriff. EMG/NCV dated 03/02/12 revealed electrical evidence of clinical and possible left L5-S1 radiculopathy. The patient is noted to be status post L4-S1 posterior spinal fusion with instrumentation on 02/06/13. The patient underwent bilateral lumbar myofascial trigger point injections x 6 on 12/09/13. Office visit note dated 12/20/13 indicates that the patient has noticed about 60-70% pain relief after trigger point injections. However, whereas previously he would have pain during the day, currently he has significant pain by the end of the day. Therefore, he is unable to tell if his pain has completely gone away or is still there. Medications include Naproxen, Vicodin, Aleve, Flexeril, Neurontin and Opana. On physical examination myofascial trigger points are noted in the lumbar paraspinal muscles immediately adjacent to the surgical scar left greater than right. Deep palpation causes reproduction of his pain as well as a twitch response. Straight leg raising is negative. Lumbar paraspinal myofascial trigger point injections up to 6 qty: 6.00 have been requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR PARASPINAL MYOFASCIAL TRIGGER POINT INJECTIONS UP TO 6 QTY: 6.00:** Upheld

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

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

**Decision rationale:** Based on the clinical information provided, the request for lumbar paraspinal myofascial trigger point injections up to 6 qty 6.00 is not medically necessary. The patient underwent prior trigger point injections on 12/09/13. Chronic Pain Medical Treatment guidelines support repeat trigger point injections with evidence of at least 50% pain relief for at least 6 weeks. The submitted records fail to document at least 50% pain relief for at least 6 weeks. Additionally, the request is excessive as Chronic Pain Medical Treatment Guidelines report that no more than 3-4 injections should be performed per session. Therefore the request is not medically necessary.