

<b>Case Number:</b>	CM14-0009290		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California & Minnesota. 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 52-year-old male who reported an injury on 05/01/2013. The mechanism of injury was not stated. Current diagnoses include lumbar radiculopathy, lumbar facet syndrome and muscle spasm. The injured worker was evaluated on 12/16/2013. The injured worker reported persistent lower back pain with radiation into the right lower extremity. Previous conservative treatment includes trigger point injections on 11/14/2013. Physical examination revealed restricted lumbar range of motion, tenderness to palpation, hypertonicity, spasm, trigger points with radiating pain upon palpation, positive facet loading maneuver, positive Faber testing, positive straight leg raising on the right, 4/5 strength in the right lower extremity and decreased sensation over the L4 and L5 dermatomal distribution on the right. Treatment recommendations at that time included trigger point injections as well as authorization for a 30 day TENS trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 Page(s): 122.

**Decision rationale:** The California MTUS Guidelines state trigger point injections are recommended only for myofascial pain syndrome. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Radiculopathy should not be present by physical examination. Repeat injections are based upon a 50% pain relief obtained for 6 weeks following the initial injection with documented evidence of functional improvement. As per the documentation submitted, the injured worker previously received trigger point injections on 11/14/2013. Although it is noted that the injured worker reported a decrease in pain for 2 weeks, there was no evidence of 50% pain relief for 6 weeks following the initial injection with documented evidence of objective functional improvement. The injured worker's physical examination does reveal positive straight leg raising, weakness in the right lower extremity and decreased sensation in the right L4 and L5 dermatomal distribution. Therefore, the injured worker does not meet the criteria as outlined by the California MTUS Guidelines. As such, the request is non-certified.

**TENS UNIT AND SUPPLIES TIMES 30 DAYS TRIAL (RENTAL OR PURCHASE):**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered as a noninvasive conservative option. There should be documentation of a failure to respond to other appropriate pain modalities including medication. As per the documentation submitted, the injured worker noted improvement in symptoms following the previous use of a TENS unit. However, there was no documentation of how often the unit was used as well as outcomes in terms of pain relief and function. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.