

<b>Case Number:</b>	CM14-0101151		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/01/1998
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 and Rehabilitation & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 injured worker is 63-year-old female smoker who reported an injury of unknown mechanism on 11/01/1998. On 07/10/2014, her diagnoses included failed back syndrome, status post lumbar decompressive surgery, emotional factors, and status post lumbar fusions on 07/15/2002 and 07/17/2012. Her complaints included low back pain rated at 10/10 and neck pain at 5/10. The progress note stated that she had a severe and chronic intractable pain syndrome. She had numerous physical findings including spasm, positive sciatic tension testing, trigger points, and reduced lumbar range of motion. She had tried and failed many other treatments including chiropractic, physical therapy, trigger point injections, epidural corticosteroid blocks, implantable dorsal column stimulator, and implantable intrathecal opioid pump. The note went on to state that she wanted to be treated only with chiropractic therapy and unrealistic surgical interventions. Among the pain control strategies suggested, were trigger point injections. The rationale for the trigger points injections stated that they were inexpensive, easy access, and effective pain relief, allowing patients to avoid the emergency room. On 06/12/2014, there was an order for trigger point injections in 3 or more muscles over the SI joint. A handwritten note on 05/15/2014 stated that trigger points were injected with good results. The objective observations were that she was in no apparent distress and pain behavior was absent. On 03/20/2014, a lumbar spine examination revealed trigger points and myofascial restrictions in the bilateral gluteus medius and piriforms groups. The note further stated that trigger point areas were injected and the procedure was tolerated well. There was no documentation of the results of these injections, or where the injections were given. There was no Request for Authorization included in this injured worker's chart.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injection three (3) or more over SI joint:** 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:** The California MTUS Guidelines recommends that Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present; not more than 3-4 injections per session; no repeat injections unless a greater than 50% pain relief is obtained 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; and trigger point injections with any substance other than local anesthetic with or without steroid are not recommended. There was no evidence in the submitted documentation that this injured worker had palpation with a twitch response as well as referred pain. There was no documentation that she was involved in any stretching exercises, physical therapy, or taking muscle relaxants which had failed to control her pain. There was no documentation that her pain relief was greater than 50% and lasted for at least 6 weeks. Furthermore, the request did not specify what was to be injected. The clinical information submitted failed to meet the evidence based guidelines for trigger point injections. Therefore, this request for Trigger Point Injection three (3) or more over SI joint is not medically necessary.