

<b>Case Number:</b>	CM14-0015328		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	08/22/2011
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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. 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 34-year-old female with an 8/22/11 date of injury, when she was attacked by a student. Prior treatment has included 3 lumbar epidural injections to the left L4-5 (1/10/12) on the right at L5-S1 (3/20/12), and on the right L4-5 (4/3/12), activity modification, Botox injections, and medication. The patient recently underwent trigger point injections to the cervical spine (10/4/13), which reportedly reduced pain by approximately 50%. The pain has since returned. The patient has lost proximally 75 pounds of weight due to "sleeve gastrectomy." A magnetic resonance imaging performed on 2/7/13 revealed a 3 mm disc bulge at L4-5 and L5-S1 without nerve root compression or displacement. An agreed medical evaluation report on 2/7/13 described the patient's for lumbar epidural injections in 2012, which reportedly provided little benefit. Recommended future medical treatment was to include physical therapy and medications for the cervical spine, but no treatment was indicated for the bilateral shoulders, wrists, or hands. For the lumbar spine, physical therapy, medications, and pain management were recommended. Electrodiagnostic testing from 3/12/13 revealed multiple evidence of lumbar radiculopathy or plexopathy. A supplemental AME report noted that prior conclusions were up held. The most recent 1/14/14 note described ongoing migraines, stiffness and trigger point tenderness in the cervical lumbar spine. Trigger point injections for the lumbar and cervical spine were requested, as well as Botox for chronic migraines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIGGER POINT INJECTIONS X 4 FOR THE LUMBAR REGION QTY:4: 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 Page(s): 122.

**Decision rationale:** The patient has a 2011 date of injury, and has had prior injection treatment, including lumbar epidural injections and cervical trigger point injections. The most recent 1/14/14 progress note described tenderness to palpation over the lumbar paraspinal muscles with muscles. This request obtained an adverse determination, as there were clinical findings of radiculopathy. The MTUS criteria for trigger point injections include chronic low back with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; failure of conservative treatment; and lack of radiculopathy. Although trigger point injections are not an accepted treatment for radiculopathy, this issue has been addressed with prior lumbar epidural steroid injections. Trigger point injections are intended for myofascial pain syndrome, which the patient exhibited on physical examination. As the patient obtained significant pain relief from cervical injections; AMA recommended pain management for the lumbar spine; electrodiagnostic studies revealed a lack of radicular findings; the most recent MRI did not reveal anatomic nerve impingement; and there are positive clinical findings, the request is substantiated. Therefore the request is not medically necessary.