

<b>Case Number:</b>	CM14-0017958		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/17/2007
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 64-year-old male who reported an injury on 08/17/2007 due to falling 8-10 feet while standing on a board, landing on his lower back and shoulder. The injured worker complained of head, neck, shoulders, and lower back pain with pain level varying from 1/10 to 7/10, according to his activity level. The physical examination revealed the injured worker had palpable tenderness over iliolumbar and superior trapezius muscles. The injured worker had iliolumbar tenderness on palpation and with flexion at the waist to knee and on extension. The exam also revealed that his shoulder, elbow, and wrist range of motion were normal. Cervical flexion and extension were 45 degrees. Cervical rotation was 80 degrees to either side. His grip strength was 70 pounds on the right and 80 pounds on the left. Forward and backward lumbar flexion was 45 degrees and 10 degrees. His nerve stretch tests were negative. His upper and lower extremity deep tendon reflexes were 1+ and symmetrical. There was right periscapular muscular tenderness and tenderness over the L4-5 spinal segment. Diagnostic x-rays of the cervical spine were done on 10/21/2013 showing a solid interbody fusion at C4-5. Lumbar spine x-ray also on 10/21/2013 showed an L4-5 laminectomy defect with no evidence of instability in the coronal or sagittal plane. CT scan of the cervical, lumbar, and thoracic spine were also done. The injured worker has diagnoses of cervical degenerative disc disease and lumbar degenerative disc disease. Past treatment to include anterior C4-5 discectomy, fusion, and instrumentation, status post L4-5 laminectomy and partial facetectomy for spinal stenosis, physical therapy, and medication therapy. Medications include Colace 100 mg 1 by mouth 2 times a day #60, Lidoderm 5% one patch per 24 hours #30, Prilosec 20 mg 1 every day #30, levothyroxine and oxycodone 10 mg. Current treatment plan is for trigger point injections x 4 in 6 months. The rationale and Request for Authorization Form were not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**RFA Trigger Point Injections, X 4 in 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** The injured worker complained of head, neck, shoulder and lower back pain with pain level varying from 1-7/10 according to activity. The California Medical Treatment Utilization Schedule (MTUS) recommends trigger point injections for myofascial pain syndrome and states that they are not recommended for radicular pain. Criteria for use of Trigger point injections include 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 (by exam, imaging, or neuro-testing); and repeat injections are not warranted unless a greater than 50% pain relief is obtained for six weeks after a previous injection and there is documented evidence of functional improvement. Additionally they indicate that the frequency should not be at an interval less than two months. The report lacked any documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The submitted report also lacked any evidence of ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants. In the submitted report, there was no evidence or documentation of the injured worker having such myofascial pain syndrome. In addition, the frequency for the proposed injections was not indicated in the request. As such, the request for trigger point injections, x 4 in 6 months, is not medically necessary.