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| <b>Case Number:</b>   | CM14-0132732 |                              |            |
| <b>Date Assigned:</b> | 08/22/2014   | <b>Date of Injury:</b>       | 08/18/2011 |
| <b>Decision Date:</b> | 09/29/2014   | <b>UR Denial Date:</b>       | 08/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/19/2014 |

### 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 Family 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:

This is a 47-year-old male with a 8/18/11 date of injury. The mechanism of injury was not noted. According to a progress report dated 5/20/14, the patient complained of mild nausea from his medications. He was currently on Docusate for opioid-induced constipation, Butrans patch, Gralise to relieve nerve pain in legs, and Cymbalta for neuropathic pain radiating from the back to the legs. His activities of daily living remained significantly limited due to the severity of his chronic pain. Objective findings: mild diaphoresis in the lumbar spine, limited lumbar spine ROM, muscle spasms in lumbar sacral region, paravertebral tenderness. Diagnostic impression: chronic lower back pain, lumbar facet hypertrophy, lumbar sacral neural foraminal narrowing, severe depression aggravated by chronic pain, opioid-induced constipation. Treatment to date: medication management, activity modification. A UR decision dated 8/6/14 denied the request for trigger point injections. The request is for 3 sessions, however the evidence based data does not support a repeat without clear documentation of significant benefit (>50%) for 2 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections into lumbar sacral spinal muscles x 3 sessions to reduce pain:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) online edition; Trigger Point Injections.

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

**Decision rationale:** MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. On physical examination, there is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, it is documented that the patient currently has nerve pain in the legs and neuropathic pain radiating from the back to the legs. Guidelines do not support the use of trigger point injections in the presence of radiculopathy. Furthermore, it is noted that the patient's medication regimen, consisting of Butrans, Gralise, and Cymbalta help alleviate his symptoms by over 50%. There is no documentation of other conservative therapy measures the patient has tried and/or failed. Therefore, the request for Trigger point injections into lumbar sacral spinal muscles x 3 sessions to reduce pain was not medically necessary.