

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0174188 |                              |            |
| <b>Date Assigned:</b> | 10/28/2014   | <b>Date of Injury:</b>       | 03/20/2002 |
| <b>Decision Date:</b> | 12/04/2014   | <b>UR Denial Date:</b>       | 10/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/22/2014 |

### 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 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 female who reported an injury due to repetitive long reaching and standing on 03/20/2002. On 09/15/2014, her diagnoses included status post removal of hardware and exploration of fusion at L4-5 and L5-S1 in conjunction with revision of posterior fusion from L4-S1, followed by anterior fusion of L4-5 and L5-S1, status post removal of hardware and exploration of fusion on 05/17/2007, status post L3-4 posterior lumbar decompression with instrumented fusion in 03/2011, and multilevel degenerative disc disease of the thoracic spine. Her complaints included increased low back and bilateral leg pain. She was having increasing difficulty with her day to day activities, secondary to her increased pain level. Her symptoms had been worsening since 06/2014. On examination it was noted that she had difficulty changing position and getting onto the examination table. Her motion was restricted and caused pain. There was guarding with activity. There were muscle spasms present. A bent knee femoral stretch test was positive. Her sensation was decreased at bilateral L2-3. X-rays revealed decreased disc space at L2-3. She was given trigger point injections into the sacroiliac distribution. She noted reduced pain immediately following the procedure. 8 days later, on 09/23/2014, her complaints had returned, including increased low back and bilateral leg pain. She was given a second series of trigger point injections into the sacroiliac distribution. She noted reduced pain immediately following the procedure. There was no documentation submitted of objective measures of decreased pain or increased function, nor how long the second set of trigger point injections provided relief for this injured worker. There was no rationale or 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 Injections of Depo Medrol, Bupivacaine and Lidocaine: 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 request for trigger point injections of Depo Medrol, bupivacaine and lidocaine is not medically necessary. The California MTUS Guidelines recommend that trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back 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 3 months; medical management therapy 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. No repeat injections were recommended unless greater than 50% pain relief was obtained for 6 weeks after the injection, and there is documented evidence of functional improvement. The submitted documentation revealed that the first set of trigger point injections gave this injured worker relief for no more than 8 days. There was no evidence upon palpation of a twitch response as well as referred pain documented. There was no evidence of ongoing stretching exercise, physical therapy, failed trials of NSAIDs or muscle relaxants. Additionally, the request did not specify a body part or parts to have been treated with the requested trigger point injections. The clinical information submitted failed to meet the evidence based guidelines for trigger point injections. Therefore, this request for trigger point injections of Depo Medrol, bupivacaine and lidocaine is not medically necessary.