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| <b>Case Number:</b>   | CM14-0176211 |                              |            |
| <b>Date Assigned:</b> | 10/29/2014   | <b>Date of Injury:</b>       | 01/02/1999 |
| <b>Decision Date:</b> | 12/05/2014   | <b>UR Denial Date:</b>       | 10/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/23/2014 |

### 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 Practice 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:

Female claimant sustained a work injury on 1/2/99 involving the low back. She was diagnosed with piriformis muscle syndrome and chronic low back pain. A progress note on 6/20/14 indicated the claimant received a Trigger Point Injection to the left piriformis. A progress note on 9/12/14 indicated the claimant had left piriformis spasms. She received relief from the prior injections. A request was made for another Trigger Point Injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Trigger Point Injection, left piriformis in the office:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** According to the MTUS guidelines, criteria for the use of Trigger Point Injections: 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: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three

months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) 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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. In this case there is no documentation of the percent improvement since the last trigger point injection. There is no documentation of ongoing therapy or failure of analgesics and muscle relaxers. According to the ACOEM guidelines, Trigger Point Injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The request for additional Trigger Point Injections is not medically necessary.