

<b>Case Number:</b>	CM14-0031672		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/19/2004
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 and is licensed to practice in Minnesota. 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 53 year old male who reported an injury on 02/19/2004 due to an unknown mechanism. The injured worker had complaints of low back pain that radiates to legs, predominately on the right side, numbness in the left foot with intermittent numbness in the right foot. Physical examination on 04/14/2014 revealed he was not exercising due to increased low back pain, but continued with light stretches. Cervical range of motion was stated as improved since the previous examination with flexion to 40 degrees, extension to 0 degrees, right lateral bending to 10 degrees, left lateral bending to 20 degrees, right rotation to 30 degrees, left rotation to 40 degrees. Right supine straight leg raising was 40 degrees, left supine straight leg raising was 40 degrees. There were no diagnostic studies submitted in the document for review. The medications were oxycodone 5mg one three times daily, Lunesta 3mg one at bedtime, flexeril 5mg one at bedtime, relox 20mg one as needed for migraines, exalgo 8mg one as needed for severe pain. The treatment plan is for trigger point injections to the lumbar spine, quantity 4. The rationale and request for authorization 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:

**Trigger Point Injections to the Lumbar Spine, 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 Trigger Point Injections Page(s): 122.

**Decision rationale:** The request for Trigger Point injections to the lumbar spine, quantity 4 is non-certified. The document submitted for review stated that the injured worker had a session of three trigger point injections 06/06/2013. The injured worker did get some pain relief. California Medical Treatment Utilization Schedule states recommended only for myofascial pain syndrome with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. 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. The injured worker does not have reports of physical therapy sessions or diagnostic studies submitted for review. Therefore, the request is not medically necessary.