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| <b>Case Number:</b>   | CM14-0042442 |                              |            |
| <b>Date Assigned:</b> | 06/30/2014   | <b>Date of Injury:</b>       | 08/22/2003 |
| <b>Decision Date:</b> | 08/20/2014   | <b>UR Denial Date:</b>       | 03/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/09/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 65 year old male whose date of injury is 08/22/03. The mechanism of injury is described as bending over to inspect a night stand and was unable to straighten up due to pain. Treatment to date includes physical therapy, posterior lumbar decompression and fusion at L4-5 and L5-S1 on 06/01/12 and medication management. Electrodiagnostic studies (EMG/NCV) dated 10/21/13 revealed no evidence of lumbar radiculopathy. There is noted to be advanced polyneuropathy. Lumbar MRI dated 12/20/13 revealed postoperative changes from L4 to S1 and disc desiccation from L2-3 to L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection x 1 to lumbar spine:** Upheld

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

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

**Decision rationale:** CA MTUS guidelines require documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. There is no current, detailed physical examination submitted for review that documents circumscribed trigger points.

There is no indication that the injured worker has undergone any recent active treatment. CA MTUS guidelines require documentation that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. Based on the clinical information provided, the request for trigger point injection x 1 to lumbar spine is not recommended as medically necessary.