

<b>Case Number:</b>	CM14-0071248		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/16/1999
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 Occupational 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:

According to the records made available for review, this is a 57-year-old male with a 8/16/99 date of injury, and wrist surgery, status post right elbow epicondylar release 11/1/12, status post knee arthroscopies x 4, and status post spinal surgery 2011. At the time (5/9/14) of request for authorization for trigger point injections, lumbar paraspinal musculature and right sacroiliac joint injection under ultrasonic guidance, there is documentation of subjective (chronic low back pain that radiates into both legs) and objective (tenderness to palpation noted bilaterally about the lumbar paraspinal musculature, there is also spasm in the same area and taut muscle fibers, which produced a local twitch in response to pressure against the band, severely limited range of motion of the thoracolumbar spine, positive straight leg raise, weakness of the right ankle dorsiflexion and right EHL 2/5) findings, current diagnoses (lumbar degenerative disc disease), and treatment to date (trigger points injections, right sacroiliac joint injection (on 4/9/14), medications, and epidural steroid injections, exercises, and physical modalities). 4/22/14 medical report identifies that trigger point injection given to patient appeared to help with the patient's symptoms. Regarding the requested trigger point injections, lumbar paraspinal musculature, there is no documentation of greater than 50% pain relief for six weeks after previous injection and evidence of functional improvement. Regarding the requested right sacroiliac joint injection under ultrasonic guidance, there is no documentation that repeat block is to be done at interval of 2 months or longer and at least >70% pain relief for 6 weeks with previous injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injections, Lumbar Paraspinal Musculature: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies 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); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Additionally MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnosis of lumbar degenerative disc disease. In addition, there is documentation of prior trigger point injections. However, despite documentation that trigger point injection given to patient appeared to help with the patient's symptoms, there is no documentation of greater than 50% pain relief for six weeks after previous injection and evidence of functional improvement. Therefore, based on guidelines and a review of the evidence, the request for trigger point injections, lumbar paraspinal musculature are not medically necessary.

**Right Sacroiliac Joint Injection Under Ultrasonic Guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, SI Joint Injection.

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies that invasive techniques are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of at least

3 positive exam findings [such as: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; and/or Thigh Thrust Test (POSH)]; diagnostic evaluation first addressing any other possible pain generators; failure of at least 4-6 weeks of aggressive conservative therapy (including PT, home exercise and medication management); block to be performed under fluoroscopy; and block not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block, as criteria necessary to support the medical necessity of SI joint injection. In addition, ODG identifies frequency for repeat blocks is 2 months or longer between each injection, and at least >70% pain relief is obtained for 6 weeks, as criteria necessary to support the medical necessity of repeat SI joint injection. Within the medical information available for review, there is documentation of diagnosis of lumbar degenerative disc disease. In addition, there is documentation of a previous right sacroiliac joint injection. However, given documentaiton of 4/9/14 date of injeciton, there is no documentation that repeat block is to be done at interval of 2 months or longer and at least >70% pain relief for 6 weeks with previous injection. Therefore, based on guidelines and a review of the evidence, the request for right sacroiliac joint injection under ultrasonic guidance is not medically necessary.