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| <b>Case Number:</b>   | CM14-0082454 |                              |            |
| <b>Date Assigned:</b> | 07/21/2014   | <b>Date of Injury:</b>       | 08/19/2009 |
| <b>Decision Date:</b> | 09/17/2014   | <b>UR Denial Date:</b>       | 05/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/04/2014 |

### 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:

The patient is a 38-year-old male who has submitted a claim for thoracic spondylosis without myelopathy, displacement of lumbar intervertebral disc without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, pain in thoracic spine and sprain of lumbar region associated with an industrial injury date of August 19, 2009. Medical records from 2011 through 2014 were reviewed, which showed that the patient complained of low back pain and left lower extremity pain. On examination of the thoracic spine, patient did not demonstrate any major postural abnormalities. There was tenderness and spasms along the thoracic musculature along the T4, 5 and 6 levels. MRI showed left paracentral protrusion at left L5, S1 partially effacing left S1 root, L4-5 with disc protrusion, annular tear and lateral recess narrowing. Treatment to date has included aquatic therapy, medications, acupuncture, physical therapy, chiropractic, and trigger point injections (the last one being a year prior to the request). Patient reported that prior TPI of mid and low back was very helpful. Utilization review from May 30, 2014 denied the request for trigger point injections, thoracic/lumbar, quantity 1 because there was no adequate documentation of the prior TPI visits particularly about the location and description of trigger points and the patient response.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections, thoracic/lumbar quantity 1: 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:** The MTUS Chronic Pain Medical Treatment Guidelines, Trigger Point Injections (TPIs) are recommended only for myofascial pain syndrome. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. All of the following criteria should be met: documentation of circumscribed trigger points; symptoms have persisted for more than three months; medical management therapies have failed to control pain; not more than 3-4 injections per session; radiculopathy is not present; 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; and frequency should not be at an interval less than two months. In this case, the current working diagnosis does not include myofascial pain syndrome. There was no evidence of circumscribed trigger points (i.e. twitch responses) nor was there adequate documentation of a greater than 50% pain relief obtained for six weeks after an injection. Furthermore, the current request did not state body part to be treated. Therefore, the request for Trigger point injections, thoracic/lumbar quantity 1 is not medically necessary.