

<b>Case Number:</b>	CM14-0086130		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/19/2007
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 08/19/07. Treatments have included medications, physical therapy, and a lumbar spine fusion in 2008. He was seen by the requesting provider on 01/22/14. He was having back pain radiating to the lower extremities rated at 6/10 which was unchanged. He was tolerating medications. He was requesting trigger point injections. In the interim since his last visit he had bilateral carpal tunnel surgery. He had been hospitalized for gastrointestinal bleeding, renal failure, and hepatosteatosis. Physical examination findings included an antalgic gait using a cane. There were trigger points over the low back, buttocks, and upper spine. He had decreased lower extremity sensation bilaterally. Bilateral low back and buttock trigger points were injected with bupivacaine and lidocaine. A lidocaine patch was applied. A trial of myofascial therapy with deep tissue massage was requested. Neurontin 600 mg #90, Norco 5/325 mg two times per day, Lorazepam 0.5 mg three times per day as needed, Ambien 10 mg #30, and Lidoderm #60 were prescribed. On 04/23/14 he was having ongoing symptoms which were unchanged. He was having difficulty sleeping. Low back pain was radiating to the lower extremities. The trigger point injections in January 2014 are referenced as helpful with decreased pain and increased functional activities of daily living and exercises. The effect however had worn off after a couple of weeks. Physical examination findings were unchanged and trigger point injections were repeated. Ambien 10 mg #30, Lidoderm, Neurontin 600 mg #90, and Ativan 0.5 mg three times per day as needed were prescribed. He remained at maximum medical improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Trigger Point Injections x 4: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Trigger point injections (TPIs)

**Decision rationale:** The claimant is more than 7 years status post work-related injury and continues to be treated for chronic low back pain with radicular symptoms. Prior trigger point injections are reported as having been helpful but with beneficial effect lasting for only a couple of weeks. Criteria for a repeat trigger point injection include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. In this case, the requesting provider documents improvement last for only a couple of weeks and therefore repeat trigger point injections were not medically necessary.