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| <b>Case Number:</b>   | CM14-0090223 |                              |            |
| <b>Date Assigned:</b> | 07/23/2014   | <b>Date of Injury:</b>       | 09/14/2009 |
| <b>Decision Date:</b> | 09/29/2014   | <b>UR Denial Date:</b>       | 05/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/16/2014 |

### 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 Physical Medicine and Rehabilitation 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 47 year old female who was injured on 09/14/2009. The mechanism of injury is unknown. Progress report dated 04/30/2014 states the patient presented for follow-up of her persistent pain and spasm which has become worse. On exam, the lumbar spine revealed tenderness and rigidity with bilateral palpable trigger points along the lower paraspinals from L3 to L5 level. She has positional discomfort and diminished range of motion. Straight leg raise is equivocal. She is diagnosed with lumbar disc disease and myofascial pain at the lumbar spine. She was recommended bilateral trigger point injections at L3 to L5. Prior utilization review dated 05/17/2014 states the request for retrospective request for bilateral trigger point injection for lumbar spine, DOS 08/20/2012 is denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for bilateral trigger point injection for lumbar spine, DOS 08/20/2012:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Trigger Point Injections.

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

**Decision rationale:** According to the California MTUS, trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: Documentation of 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. In this case however, there is no detailed examination findings establishing active trigger points are present. The medical records do not document circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, there is no indication that symptoms have persisted for more than three months, and have not been response to medical therapies such as ongoing stretching exercises, physical therapy, judicious use of NSAIDs and muscle relaxants. The medical records do not substantiate the patient has lumbar myofascial pain syndrome and there is no documentation of trial and failure of conservative treatment as stated above. Therefore, the medical necessity for trigger point injection has not been established.