

<b>Case Number:</b>	CM14-0091229		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	12/06/1985
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/15/2014
<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 & 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 injured worker is a 62-year-old male who reported an injury on 12/06/1985. The mechanism of injury was not submitted for review. The injured worker has diagnoses of gastritis due to nonsteroidal anti-inflammatory medicine, intercostal neuralgia, thoracic back pain, degeneration of lumbar intervertebral disc, sleep disorder, myofascial pain, cervical radiculopathy, knee pain bilaterally, and lumbar radiculopathy. Past medical treatment consisted of surgery, physical therapy, cortisone injections, and medication therapy. Medications included gabapentin, Norco, trazodone, Naprelan, omeprazole, Medrol, cyclobenzaprine, Voltaren gel, and Skelaxin. The injured worker underwent an MRI of the lumbar spine on 01/12/2011; the injured worker also underwent an MRI of the thoracic spine on 03/07/2013. On 08/08/2014, the injured worker complained of right knee pain. The physical examination revealed swelling, decreased range of motion, instability, and difficulty ambulating. There was no radiation. The injured worker described the pain as dull and throbbing. It was noted that there was a slight temperature difference in the knee to include warm to touch when compared to the left knee. Knee extension was limited to active range of motion by 20 degrees. There was no tenderness to palpation. The examination of the lumbar spine revealed that there was pain of the lumbar facets bilaterally. The range of motion was abnormal due to pain with anterior flexion and pain with extension. The treatment plan was for the injured worker to undergo 6 trigger point injections to the lumbar spine and have an x-ray done on the right knee. The rationale and request for authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 trigger point injections to the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298,301,303.

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

**Decision rationale:** The request for 6 trigger point injections to the lumbar spine is not medically necessary. The California MTUS Guidelines recommend lumbar trigger point injections only for myofascial pain syndrome as indicated below, with limited lasting value and is not recommended for radicular pain. Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back pain or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) symptoms have persisted for more than 3 months; (3) medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain; (4) radiculopathy is not present; (5) no more than 3 to 4 injections per session; (6) no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement; (7) frequency should not be at an interval less than 2 months; and (8) trigger point injections with any substance other than local anesthetic with or without steroid are not recommended. It was noted in the documentation that the injured worker had a diagnosis of lumbar radiculopathy, exceeding the guidelines that trigger point injections are not recommended for patients with a diagnosis of radiculopathy. Furthermore, there lacked any indication of a twitch response upon palpation of the lumbar spine. Additionally, there was no indication that the injured worker had tried and failed any NSAIDs, physical therapy, or muscle relaxants. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

**1 x-ray of the right knee 3 views: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343..

**Decision rationale:** The request for 1 x-ray of the right knee 3 views is not medically necessary. According to the ACOEM/MTUS Guidelines, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology in its most recent appropriateness criteria lists the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma: the patient is able to walk without a limp and the patient had a twisting injury and there is no effusion. Furthermore, the guidelines state that clinical parameters for ordering knee radiographs following trauma in this population

are as follows: joint effusion within 24 hours of direct blow or fall; palpable tenderness over the fibular head or patella; an inability to walk or bear weight immediately or within a week of trauma; and an inability to flex the knee to 90 degrees. As it was noted in the submitted report that the injured worker had difficulty ambulating, it was not clear whether the injured worker walked with a limp. Additionally, there was no evidence that the injured worker had a twisting injury with presence of effusion. Furthermore, the provider did not include a rationale as to why he felt an x-ray of the right knee was medically necessary. As such, the request for an x-ray of the right knee is not medically necessary.