

<b>Case Number:</b>	CM14-0139311		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/15/2011
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48-year-old male with an industrial injury dated 06/15/2011. His diagnoses/assessment included cervical myoligamentous injury with associated cervicogenic headaches, bilateral upper extremity radicular symptoms, lumbar myoligamentous injury with lower radicular symptoms, left knee status post arthroscopic surgery and medication induced gastritis. Prior treatments included epidural steroid injection at bilateral lumbar 5-sacral 1 providing at least 60% pain relief, corticosteroid injection to his left knee which provided temporary relief. Other treatments included physical therapy, stretching exercises and muscle relaxants. He presents on 07/11/2014 with low back pain rated as 5/10. He noted improved mobility in activity tolerance after the epidural steroid injection. Physical exam of posterior cervical musculature revealed tenderness to palpation bilaterally and increased muscle rigidity with decreased range of motion. Motor testing in the upper extremities was normal. Examination of the lumbar spine revealed tenderness to palpation along the posterior lumbar musculature with increased muscle rigidity. The provider documents the injured worker had palpable trigger points with a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Lumbar spine provocative discogram showed an obvious annular tear and fissure and lumbar spine MRI showed a subtle disc bulge at lumbar 4-5. Electrodiagnostic study showed abnormalities at lumbar 5. The above is documented in the 07/11/2014 progress note. Formal reports are not on the chart. Treatment plan included Norco, Anaprox DS, Prilosec, Soma and Ativan. Other treatments included follow-up with orthopedic surgeon and trigger point injections. Four trigger point injections were administered and the injured worker reported good pain relief of greater than 50% and an increased range of motion a few minutes later. The request is for retro 4 lumbar trigger injections.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **Retro 4 Lumbar Trigger Injections: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Trigger Point Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point injection, page 122.

**Decision rationale:** The goal of TPIs is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of functional benefit from multiple previous injections. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified radicular signs and diagnosis s/p lumbar epidural injections which are medically contraindicated for TPI's criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Retro 4 Lumbar Trigger Injections is not medically necessary or appropriate.