

<b>Case Number:</b>	CM14-0193971		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	07/06/2004
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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:

This is a 59-year old male with a work related injury dated July 6, 2004. The physician's documentation dated September 29, 2014 reflected the worker presented with low back and lower extremity pain that was rated eight on a scale of ten. Diagnoses at this visit included radiculopathy of the lumbar spine, other pain disorder related psychological factors, unspecified internal derangement of the knee, post laminectomy syndrome of the lumbar region and mood disorder. The chiropractic note dated September 18, 2014 reflected the worker was ambulating using an assistive cane, tenderness of the lumbar paraspinal muscles. Treatment modalities used included electrical stimulation, infrared treatments, massage, therapeutic exercises and trigger point therapy. A physician's visit dated September 16, 2014 was remarkable for T-spine abnormality, palpable twitch positive trigger points over the thoracic paraspinal muscles. The lumbar spine examination reveals pain on both the sides at the L3-S1 region. Palpation of the greater trochanteric bursa revealed tenderness, anterior flexion of the lumbar spine 60 degrees, anterior lumbar flexion noted at 60 degrees and caused pain, extension of the lumbar spine 30 degrees and also associated with pain. Motor function is grossly normal except for the right lower extremity, which showed mild weakness. In the utilization review decision dated October 10, 2014 the request for a trigger point injection and Toradol injection was non-certified. The rationale for this decision was based on the California MTUS, Chronic Pain Treatment Guidelines. Trigger point injections with local anesthesia is recommended for the treatment of chronic low back and neck pain with myofascial pain syndrome. The criteria must be met: documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as pain, symptoms greater than three months, medical management with other modalities have failed to control pain, radiculopathy is not present, not more than three to four injections per session, no repeat injection unless there is a greater than 50 percent improvement in pain relief

for six weeks after injection, documentation of functional improvement and frequency should not be more often than every two months. The documentation did not reflect that the worker had an increase in functional ability and reduction of pain to support the repeat injection. The request is therefore not medically necessary based on the documentation.

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

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

**Trigger Point injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger point injections(Colorado, 2002).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections section Page(s): 122.

**Decision rationale:** The MTUS Guidelines recommend the use of trigger point injections for myofascial pain syndrome as indicated, with limited lasting value. It is not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. A trigger point is 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. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Trigger point injections are not recommended for typical back pain or neck pain. For fibromyalgia syndrome, trigger point injections have not been proven effective. 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: (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 three 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 (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) 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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The injured worker has had trigger point injections previously, and they have been reported to have provided some relief. This assessment is not adequate to determine the necessity of repeat trigger point injections. The recommendation is that there should be at least 50% pain relief for six weeks with evidence of functional improvement. Pain relief has not been quantified in pain reduction or duration, and there is no evidence of functional improvement documented. The request for trigger point injections is determined to not be medically necessary.

**Toradol injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ketorolac (Toradol, generic available) 10mg (Boxed Warning): This medication is not indicated for minor or chronic painful conditions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section Page(s): 67-7s.

**Decision rationale:** The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. Toradol is specifically not indicated for chronic pain. The injured worker has had Toradol injections previously, and the efficacy of these injections is not reported in terms of pain reduction or objective functional improvement. The request for Toradol injection is determined to not be medically necessary.