

<b>Case Number:</b>	CM14-0195336		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	05/18/2013
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 30 year old male with date of injury 5/8/13. The mechanism of injury is stated as being struck by a heavy object. The patient has complained of low back pain since the date of injury. He has been treated with physical therapy, chiropractic therapy, acupuncture and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the lumbar spine, tenderness to palpation of the sacroiliac joints bilaterally, positive Faber's test. Diagnoses: sacroiliitis bilaterally, lumbar spine degenerative disc disease. Treatment plan and request: lumbar facet injection; 3 bilateral lumbar trigger point injections with ultrasound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Facet Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 300.

**Decision rationale:** This 30 year old male has complained of low back pain since date of injury 5/8/2013. He has been treated with physical therapy, chiropractic therapy, acupuncture and

medications. The current request is for lumbar facet injection. Per the MTUS guidelines cited above, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit in the treatment of back pain and are not recommended. On the basis of the MTUS guidelines, lumbar facet injection is not medically necessary.

**Series of 3 Bilateral Lumbar Trigger Point Injections with Ultrasound: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

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

**Decision rationale:** This 30 year old male has complained of low back pain since date of injury 5/8/2013. He has been treated with physical therapy, chiropractic therapy, acupuncture and medications the current request is for 3 bilateral lumbar trigger point injections with ultrasound. Per the MTUS guidelines cited above, 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 available medical documentation fails to meet criteria number (1) above. That is, there is no objective documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain on physical examination. On the basis of the MTUS guidelines and available medical documentation, the request for 3 bilateral lumbar trigger point injections is not medically necessary.