

<b>Case Number:</b>	CM14-0197982		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	05/27/2010
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Anesthesiology; has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 47-year-old female with a 5/27/10 date of injury. At the time (10/31/14) of request for authorization for Iontophoresis x 12 and trigger point injections x 6, there is documentation of subjective (pain very stable at this time, pain rated 5/10) and objective (alert, oriented, otherwise negative) findings, current diagnoses (transversal low back pain right greater than left, low back myofascial spasm, right-mid thoracic back spasm, and lumbar degenerative disc disease), and treatment to date (medications). Regarding the requested trigger point injections x 6, there is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; that additional medical management therapies (ongoing stretching exercises and physical therapy) have failed to control pain; and that no more than 3-4 injections are to be done per session.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Iontophoresis x 12:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Iontophoresis

**Decision rationale:** MTUS does not specifically address Iontophoresis for the low back. ODG identifies that Iontophoresis is not recommended for either lower back. Therefore, based on guidelines and a review of the evidence, the request for Iontophoresis x 12 is not medically necessary.

**Trigger point injections x 6:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; 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; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Within the medical information available for review, there is documentation of diagnoses of transversal low back pain right greater than left, low back myofascial spasm, right-mid thoracic back spasm, and lumbar degenerative disc disease. In addition, there is documentation of myofascial pain syndrome; that symptoms have persisted for more than three months; that medical management therapies (medications) have failed to control pain; and that radiculopathy is not present. However, there is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain and that radiculopathy is not present (by exam, imaging, or neuro-testing). In addition, there is no documentation that additional medical management therapies (ongoing stretching exercises and physical therapy) have failed to control pain. Furthermore, given that the request is for trigger point injections x 6, there is no documentation that no more than 3-4 injections are to be done per session. Therefore, based on guidelines and a review of the evidence, the request for trigger point injections x 6 is not medically necessary.