MAXIMUS Federal Services

| Case Number: | CM14-0200247 | | |
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| Date Assigned: | 12/10/2014 | Date of Injury: | 10/02/2012 |
| Decision Date: | 01/28/2015 | UR Denial Date: | 11/19/2014 |
| Priority: | Standard | Application Received: | 12/01/2014 |

## 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 Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 10/02/12 when, while working detailing cars, he injured his low back when a trunk door closed on him. Treatments included medications, acupuncture, and physical therapy including pool therapy. He underwent thoracolumbar medial branch blocks and radiofrequency ablation treatment. On 08/05/14 he underwent radiofrequency ablation treatment of the lumbar spine bilaterally.He was seen by the requesting provider on 09/17/14. He had decreased pain after the radiofrequency ablation procedure. He was having pain rated at 8/10 without medication and at 5/10 with medication. He was not having any medication side effects. Medications were Prilosec, lisinopril, Norco, Ambien, and amlodipine. Physical examination findings included cervical and lumbar tenderness and tightness with decreased range of motion. He was having dysesthesias. Medications were refilled. He was to continue exercising and using modalities. On 10/17/14 he was having ongoing symptoms. Pain was rated at 8/10 without medication and 6/10 with medication. Physical examination findings appear unchanged. Authorization for five trigger point injection sessions was requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections (TPI):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Trigger point injections

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

**Decision rationale:** The claimant is more than 2 years status post work-related injury and continues to be treated for chronic low back pain.Criteria for the use of trigger point injections include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented and therefore a trigger point injection was not medically necessary. Criteria for a repeat trigger point injection include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. A series of planned trigger point injections would therefore also not be considered medically necessary.