

<b>Case Number:</b>	CM14-0205351		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	08/28/2012
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### **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 Tennessee. 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 51-year-old male with an 8/28/12 date of injury. The injury occurred as a result of stocking merchandise. According to a handwritten and largely illegible progress report dated 8/15/14, the patient complained of neck pain rated 3/10, mid-back pain rated 6/10, and low back pain rated 6/10. The pain increased with range of motion and radiated to bilateral legs. He was having constant radiating pain symptoms. He has had prior epidural steroid injections on right L5 with fluoroscopic guidance and trigger point injections at bilateral lumbar paraspinous muscles x3 on 2/13/14, 5/20/14, and 7/1/14. His most recent lumbar epidural steroid injection provided 1-2 weeks worth of relief for his back. Objective findings: limited cervical and lumbar range of motion, positive straight leg raise test at left, reduced sensation to light touch. Diagnostic impression: lumbar spine HNP/disc bulge, cervical spine disc bulge, right upper extremity radiculopathy, stress/anxiety/depression.

Treatment to date: medication management, activity modification, physical therapy, epidural steroid injections, trigger point injections.

A UR decision dated 11/6/14 denied the retrospective request for bilateral lumbar paraspinous muscle injections x3, date of service 8/19/14. The claimant underwent prior trigger point injections on 2/13/14, 5/20/14, and 7/1/14. The claimant's response to most recent trigger point injections is not documented. CA MTUS guidelines require documentation of at least 50% pain relief for six weeks with documented evidence of functional improvement. Additionally, there

is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain.

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

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

#### **Retrospective request for Bilateral Lumbar Paraspinous Muscle Injection x 3**

**DOS: 8/19/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point injections.

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

**Decision rationale:** MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. In the present case, it is noted that this patient has had previous trigger point injections at bilateral lumbar paraspinous muscles x3 on 2/13/14, 5/20/14, and 7/1/14. There is no documentation of functional improvement or pain relief following the injections. For repeat injections, guidelines require evidence of greater than 50% pain relief for six weeks following previous injections. In addition, it is noted that he has complaints of constant radiating pain symptoms. Guidelines only support trigger point injections for non-radicular pain. Furthermore, there is no documentation on physical exam of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Therefore, the request for Retrospective request for bilateral lumbar paraspinous muscle injection x3 DOS: 8/19/14 is not medically necessary.