

<b>Case Number:</b>	CM15-0003509		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	03/19/2003
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Internal Medicine

### 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 injured worker is a female patient, who sustained an industrial injury on 03/19/2003. A visit note dated 10/24/2014 reported the patient complaining of increased lumbar spine and right buttock pain. She reported receiving great relief from administration of Duragesic patches and uses the percocet for breakthrough pains. Prior surgical history as follows; 2009 right L4-5 micro foraminotomy, 2009 removal of hardware, 2007 right sided L5-S-1 decompressive foraminotomy, 2005 artificial disc replacement at L4-5 L-5 - S1, 1984 right ankle surgery. She is noted having undergone acupuncture, discogram, epidural steroid injection, facet joint injection, heat treatment, ice treatment, massage therapy, occipital nerve block, physical therapy, stimulator implant, trigger point injection, transcutaneous electric nerve stimulator, explanted stimulator and muscle stimulator interferential. Her disability status is permanent and stationary. She is prescribed the following medications; percocet, Duragesic, Wellbutrin XL, Naproxen, Lyrica, Lidoderm, and Flexiril. She is diagnosed with chronic pain syndrome, constipation, opioid dependence, pain in thoracic spine, post laminectomy syndrome (lumbar), lumbar lumbosacral disc degeneration and lumbosacral neuritis. On 12/12/2014 Utilization Review non-certified the requests for radiography study of lumbar and computerized tomography myelogram, noting ODG trigger point injections is cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Unspecified Orthopedic 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), Trigger Points

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309, Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses trigger point injections. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) indicates that trigger-point injections are not recommended. Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 309) indicates that trigger-point injections are not recommended. The progress report dated December 22, 2014 document lumbosacral spine conditions and the performance of trigger point injections. ACOEM guidelines indicate that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. ACOEM guidelines indicate that trigger point injections are not recommended for low back conditions. Therefore, the request for unspecified orthopedic injections is not supported by ACOEM guidelines. Therefore, the request for unspecified orthopedic injections is not medically necessary.