

<b>Case Number:</b>	CM15-0004254		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	11/08/1985
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 58 year old female, who sustained a work/ industrial injury on 11/8/85. Mechanism of injury was not documented. She has reported symptoms of mid back and lower back ache. The diagnoses were posterior lumbar laminectomy syndrome, spinal and lumbar degenerative disc disease, lumbar radiculopathy, chronic back pain, and hip bursitis. Diagnostics included a Computed Tomography (CT) scan of the lumbar spine dated 4/13/01 noting severe deformity of the spine, the bone graft at the lumbosacral junction appeared fragmented and there were some small fragments laterally placed at eh level of the iliac. The foramen on the left was almost non-existent at this level. The stability of the graft was questionable. The electromyogram study on 6/24/04 documented lumbar posterior operative changes with left perineal neuropathy axonal with no evidence of lumbar radiculopathy. Treatments included a cane, pain medications, steroid injections, and surgery. Per exam note on 12/11/14, a request was made for a paravertebral lumbar trigger point injection. The medication list include Miralax, Norco, oxycontin, Celebrex, Lunesta, Cymbalta, Lidoderm patch, and Lyrica. The patient had received ESI for this injury. The patient's surgical history include lumbar laminectomy. Per the doctor's note dated 12/11/14 patient had complaints of low back pain at 6-10/10 with radiation of pain on left leg and left foot drop. Physical examination of the low back revealed tenderness on palpation, limited range of motion and muscle spasm, negative SLR, normal gait.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paravertebral lumbar trigger point injection: 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): page 122.

**Decision rationale:** Request: Paravertebral lumbar trigger point injection MTUS Chronic Pain Guidelines regarding Trigger point injections state, Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Criteria for the use of Trigger point injections: (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. The records provided did not specify the indications for trigger point injections listed above. Records provided did not specify documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, evidence that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain was also not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Any evidence of continued ongoing conservative treatment including home exercise and stretching was not specified in the records provided. The previous therapy notes are not specified in the records provided. Per the doctor's note dated 12/11/14 patient had complaints of low back pain at 6-10/10 with radiation of pain on left leg and left foot drop. She had received epidural injections for this injury. There is evidence of possible radiculopathy. As per cited guidelines, trigger point injections are not recommended for radicular pain. The medical necessity of the request for Paravertebral lumbar trigger point injection is not fully established in this patient.