

<b>Case Number:</b>	CM15-0101739		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	07/04/2014
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Emergency 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 29 year old female, who sustained an industrial injury on July 4, 2014. The injured worker was diagnosed as having low back pain. Treatment to date has included chiropractic treatments, x-rays, MRI, and medication. Currently, the injured worker complains of low back pain. The Treating Physician's report dated March 30, 2015, noted the injured worker tenderness to palpation on the low back and paraspinal muscles, with tenderness in particular fibrous band and localized into the lumbar spine that caused specific point tenderness, and pain with range of motion (ROM) of the back. The injured worker was noted to have not had formal physical therapy in the past, noting that the previous 18 sessions of chiropractic treatments were helpful. The treatment plan was noted to include requests for physical therapy and trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Peer to peer conference for denied trigger point injection, right side lumbar per 4/2/15 order QTY: 1.00: 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 122.

**Decision rationale:** The requested Peer to peer conference for denied trigger point injection, right side lumbar per 4/2/15 order QTY: 1.00 , is not medically necessary. Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, Page 122, note "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." The injured worker has low back pain. The Treating Physician's report dated March 30, 2015, noted the injured worker tenderness to palpation on the low back and paraspinal muscles, with tenderness in particular fibrous band and localized into the lumbar spine that caused specific point tenderness, and pain with range of motion (ROM) of the back. The treating physician has not documented a twitch response on physical exam, evidence of failed conservative treatments nor a current participation in a stretching exercise program. The criteria noted above not having been met, Peer to peer conference for denied trigger point injection, right side lumbar per 4/2/15 order QTY: 1.00 is not medically necessary.

**Peer to peer conference for denied ultrasound guidance, right side lumbar per 4/2/15 order, QTY: 1,00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3182370/>.

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

**Decision rationale:** The requested Peer to peer conference for denied trigger point injection, right side lumbar per 4/2/15 order QTY: 1.00 , is not medically necessary. Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, Page 122, note "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (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

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