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| <b>Case Number:</b>   | CM15-0109314 |                              |            |
| <b>Date Assigned:</b> | 06/15/2015   | <b>Date of Injury:</b>       | 10/31/2007 |
| <b>Decision Date:</b> | 07/20/2015   | <b>UR Denial Date:</b>       | 05/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/05/2015 |

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 60 year old male, who sustained an industrial injury on 10/31/07. The injured worker has complaints of neck pain that radiates down the right shoulder blade; left knee pain and lower back pain that radiates down the posterior aspect of the right lower extremity. The documentation noted that there is palpable tenderness in the point tenderness of the lumbar paravertebral muscles on the right at approximately L4-5. The documentation noted that the injured worker has positive straight leg raise at 40 degrees on the right and 70 degrees on the left. The diagnoses have included status post removal of right L5-S1 (sacroiliac) non-segmental instrumentation; depression; L4-5 stenosis; chronic intractable pain; L4-5 facet arthropathy, severe; bilateral knee degenerative joint disease and L3-5 disc degeneration. Treatment to date has included lidoderm patch; xanax; oxycontin; prilosec; gabapentin; cymbalta and percocet and injections. The request was for Retrospective request for Trigger Point Injection at L4-L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Trigger Point Injection at L4-L5:** 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): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Trigger Point Injections.

**Decision rationale:** Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response. Additionally, there is no documentation of failed conservative treatment for 3 months for the trigger point. In the absence of such documentation, the requested trigger point injections are not medically necessary.