

<b>Case Number:</b>	CM15-0019885		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	08/04/2014
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 39-year-old male who reported an injury on 08/04/2014. The mechanism of injury was repetitive lifting. His diagnosis is noted as lumbar sprain. His past treatments are noted to include trigger point injections, medication, activity modification and TENS unit. His diagnostic studies were noted to include an MRI of the lumbar spine, performed on 08/24/2014, which was noted to reveal disc desiccation at L1-2 down to L5-S1. During the assessment, on 02/04/2015, the injured worker complained of pain in his neck and bilateral legs. He stated his pain was 75% low back and 30% right greater than left leg. He indicated that the leg symptoms only happened at night and the back pain was constant. He also complained of neck and radiating bilateral arm symptoms. He indicated his pain worsened with sitting greater than 15 minutes, standing greater than 15 minutes and walking greater than 5 minutes. He indicated the pain was reduced by the TENS unit. The physical examination revealed normal lordosis in the lumbar spine and normal kyphosis in the thoracic spine. There was some tenderness upon palpation of the midline lumbar paraspinal muscles at the L4-5 and L5-S1 levels. There was no pain at the sacroiliac joints or greater trochanters. The lumbar range of motion revealed: flexion of 50/60, extension at 15/25 and lateral bending of 20/25. There was normal tone with some paraspinal spasms. The treatment plan was to continue with work and activity modification, and continue with medication regimen. His medications were noted to include amlodipine, pravastatin, metformin and tramadol 50 mg. The rationale for the request was not provided. The Request for Authorization form was dated 09/25/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection for the lumbar spine:** Upheld

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

**Decision rationale:** The request for trigger point injection for the lumbar spine is not medically necessary. The California MTUS Guidelines recommend trigger point injections only for myofascial pain syndrome, with limited lasting value. The guidelines indicated that trigger point injections are not recommended for radicular pain. 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 there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain. There must be symptoms that have persisted for more than 3 months. There must be documentation that medical management therapy, such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants, have failed to control pain. The guidelines also indicate that no repeat injections, unless a greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement. The clinical documentation indicated that the injured worker received trigger point injections on 11/24/2014. However, documentation of pain relief after the injection was provided. Furthermore, there was no documentation of failure of medical management therapy, such as stretching exercises, physical therapy, NSAIDs and muscle relaxants. Furthermore, the locations for the proposed trigger point injections were not provided with the request. Given the above, the request is not medically necessary.

**Toradol 60mg IM injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 72.

**Decision rationale:** The request for Toradol 60mg IM injection is not medically necessary. The California MTUS Guidelines indicate that Toradol is not indicated for minor or chronic, painful conditions. Additionally, the rationale for the request was not provided. As the evidence based guidelines do not support the use of the medication for minor or chronic, painful conditions, the request is not medically necessary.

