

<b>Case Number:</b>	CM15-0133250		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	06/09/2008
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: 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 68 year old female, who sustained an industrial injury on June 9, 2008. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having lumbar strain, bilateral lumbar radiculopathy, six trigger points noted in the lumbar spine and ligament and muscle strain and spasm. Treatment to date has included injection, hot and cold application, medication and acupuncture. On July 31, 2015, the injured worker complained of sharp, dull, aching, stabbing, burning and shooting pain. The area of pain was not indicated. The pain was noted to radiate to the legs and back. She rated the pain as a 7-9 on a 1-10 pain scale. Notes stated she has limitations to squatting, kneeling, bending, driving, walking and lifting. The injured worker was noted to have failed various therapeutic modalities, work modifications and multiple medicines. The treatment plan included spine surgery consultation, trigger point ligament injection of the lumbar spine and medications. On June 16, 2015, Utilization Review non-certified the request for retrospective outpatient lumbar trigger point injections time six for date of service May 22, 2015, citing California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro (DOS: 5.22.15), 6 lumbar trigger point injections: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

**Decision rationale:** The patient was injured on 06/09/08 and presents with lumbar spine pain which radiates to the legs. The retrospective request is for RETRO 6 LUMBAR TPI (05/22/15). There is no RFA provided and the patient's current work status is not provided. Review of the reports provided does not show any prior trigger point injections the patient may have had. MTUS guidelines page 122, state that "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." Review of the reports provided does not show any prior trigger point injections the patient may have had. There is tenderness to palpation over the lumbar paraspinals and a limited lumbar spine range of motion. She is diagnosed with lumbar strain, ligament/muscle sprain and spasm, and trigger points in the lumbar spine. Treatment to date has included injection, hot and cold application, medication and acupuncture. Although the patient has trigger points, there is no evidence of a twitch response. Furthermore, MTUS Guidelines do not recommend "more than 3-4 injections per session." The requested 6 lumbar trigger point injections exceeds what is allowed by MTUS Guidelines. Therefore, the requested retrospective lumbar spine trigger point injection is not medically necessary.