

<b>Case Number:</b>	CM15-0145074		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	10/01/2011
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: 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 45 year old female, who sustained an industrial injury on 10-1-11. She has reported initial complaints of a low back injury. The diagnoses have included lumbago, low back pain, facet hypertrophy, and lumbar pain. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 6-15-15, the injured worker has history of trigger points with hyperirritable foci located in palpable taut bands in the levator scapula, trapezius and rhomboid muscles, produced local twitch response to compression and referred pain to the posterior scapula and neck. There are also hyperirritable foci located in palpable taut bands in the paravertebral muscles produced local twitch response to compression and referred pain to the lumbar spine. It is noted that her activities of daily living (ADL) are still significantly limited by the severity of her chronic pain. She states that her sleep has decreased to 4 hours a night with interruptions due to pain. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. There are no previous diagnostic reports noted. The physical exam reveals facet related pain increased extension and right L5-S1 region tenderness to deep pressure persists. There is positive bilateral straight leg raise and bilateral tenderness at the sacroiliac joint. The physician requested treatment included Trigger Point Injections Left Lumbar Muscles (Sessions) quantity of 3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Trigger Point Injections Left Lumbar Muscles (Sessions) Qty 3: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient was injured on 10/01/11 and presents with low back pain with facet hypertrophy. The request is for TRIGGER POINT INJECTIONS LEFT LUMBAR MUSCLES (SESSIONS) QTY 3. The utilization review denial rationale is that the available clinical information does not document symptoms have persisted for more than three months. The RFA is dated 06/15/15 and the patient's current work status is not provided. The 03/31/15 MRI of the lumbar spine revealed facet impingement and intervertebral disc degenerative changes. Review of the reports provided does not show any prior trigger point injections the patient may have had. MTUS Guidelines, Trigger Point Injections, page 122 states 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. The patient has trigger points with hyperirritable foci located in palpable taut bands in the paravertebral muscles which produced local twitch responses in response to compression, and referred pain to the lumbar spine. She is diagnosed with lumbago, low back pain, facet hypertrophy, and lumbar pain. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, other modalities and home exercise program (HEP). The patient's symptoms recurred repeatedly since October 1, 2011. Stretching exercises, physical therapy, NSAIDs and muscle relaxants have all failed to adequately control [the patient]. Any radiating pain experienced is not the target of the trigger point injections. No more than 4 injections have been requested. Trigger points have not been injected in the past year. In this case, the patient does have trigger points in the paravertebral muscles which produced local twitch responses; symptoms have persisted since 2011; the patient has failed ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants; there is no documentation of radiculopathy; the request does not exceed 4 injections. The request appears reasonable and is within MTUS Guidelines. The requested trigger point injection of the left lumbar muscles IS medically necessary.