

<b>Case Number:</b>	CM15-0149105		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	11/05/2003
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old man sustained an industrial injury on 11-5-2003. The mechanism of injury is not detailed. Evaluations include lumbar spine MRIs dated 9-3-2008 and 1-16-2004, electromyogram and nerve conduction studies of the bilateral lower extremities dated 6-25-2008, and thoracic spine MRI dated 1-16-2004. Diagnoses include lumbar post-laminectomy syndrome, opiate detoxification, medication induced gastritis, neurogenic bladder and erectile dysfunction, high blood pressure, reactionary depression and anxiety with associated sleep disturbance, spinal cord stimulator and revision, intrathecal pain pump, mild obstructive sleep apnea, and cerebrovascular accident with right hemiparesis. Treatment has included oral and topical medications, self-directed physiotherapy, surgical interventions, and intrathecal pain pump. Physician notes from the pain management specialist dated 6-2-2015 show complaints of increasing pain tot eh low back with radiation down the bilateral lower extremities and daily nausea. Recommendations include revise intrathecal pain pump, sacral epidural steroid injection, intrathecal pain pump refill, Prilosec, Zofran, Anaprox, Norco, Neurontin, Diovan, Norvasc, Dexilant, Diovan, Norvasc, Lipitor, laboratory testing, gym membership with pool access, hormone replacement therapy evaluation, neurologic QME, follow up with gastroenterologist, aquatic therapy, orthopedic mattress, trigger point injections which were administered during this visit, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Trigger point injections x4 DOS: 6/2/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation ODG Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 121-122.

**Decision rationale:** According to the MTUS guidelines, 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. In this case, the injured worker has previously undergone trigger point injections and in the absence of improvement obtained from past trigger point injections, proceeding with additional trigger point injections would not have been supported. Retrospective Trigger point injections x4 DOS: 6/2/15 is not medically necessary and appropriate.