

<b>Case Number:</b>	CM15-0163220		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	10/14/2008
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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 54 year old male, who sustained an industrial injury on 10-14-08. He reported low back pain and right thigh soreness. The injured worker was diagnosed as having a history of previous L4-5 fusion, status post hardware removal, lumbar spine degenerative disc disease, chronic low back pain, and breakdown L3-4 with herniated nucleus pulposus annular tear. Treatment to date has included Cortisone injections, physical therapy, chiropractic treatment, acupuncture, lumbar decompression surgery on 10-11-10, a lumbar discogram, TENS, lumbar trigger point injections, and medication. Physical examination findings on 6-18-15 included lumbar spasms, pain at right L3-4, and positive straight leg raises bilaterally. Currently, the injured worker complains of low back pain. The treating physician requested authorization for a lumbar trigger point injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar trigger point injection x1:** 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 rationale:** Based on the 6/18/15 progress report provided by the treating physician, this patient presents with low back pain rated 6/10 and neck pain with spasms. The treater has asked for lumbar trigger point injection X1 on 6/18/15. The request for authorization was not included in provided reports. Per 6/18/15 report, the patient is s/p cervical MRI from 5/8/15 that shows "C5-6 with 10% decrease in disc height with partial dehydration of disc. A 3mm pseudo and/or true posterior disc protrusion with compromise of the exiting nerve roots bilaterally. Facet joints are arthritic." The patient is s/p hardware removal, and a prior L4-5 fusion per 6/18/15 report. X-rays show a solid fusion per 4/28/15 report. Medications were prescribed for patient on 6/18/15 report, which include Norco and Neurontin. The patient's work status is not included in the provided documentation. MTUS, Trigger Point Injections Section (pg 122): Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as Bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. (Graff-Radford, 2004) (Nelemans-Cochrane, 2002) For fibromyalgia syndrome, trigger point injections have not been proven effective. (Goldenberg, 2004) In this case, there is no diagnosis of myofascial pain with specific, circumscribed trigger points as required by MTUS. The patient presents with radicular symptoms and has a positive straight leg raise on physical exam dated 6/18/15. Trigger point injections are not indicated for radicular symptoms per MTUS. In addition, this patient has degenerative disc disease of lumbar spine and chronic low back pain, for which trigger point injections have not been proven effective. The request IS NOT medically necessary.