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| <b>Case Number:</b>   | CM15-0164429 |                              |            |
| <b>Date Assigned:</b> | 09/01/2015   | <b>Date of Injury:</b>       | 03/07/2012 |
| <b>Decision Date:</b> | 10/05/2015   | <b>UR Denial Date:</b>       | 08/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/21/2015 |

### 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: New Jersey

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:

The injured worker is a 36 year old female who sustained an industrial injury on 3-7-12. Her injury was sustained as the result of a fall, in which she landed on her right side. Initially, she had no complaints. However, she developed pain, affecting her right shoulder and right lower back, over the following few days. Eventually, she filed an industrial claim and was evaluated by an occupational health provider on 4-24-12. X-rays of her right hip were taken and she was referred to physical therapy. This was noted to "cause her to cry on two occasions". She was referred to chiropractic treatment and this was noted to be "more helpful". An MRI of the lumbosacral spine was completed in June 2012, showing "bulging discs". She complained of right leg pain "to the level of her knee". She had a lumbar epidural injection on 12-12-12, which was noted to be helpful for her back and leg pain. However, the symptoms returned in approximately three weeks. A progress note, dated 7-29-15, indicates that she presented to the provider office for pain medication refills. She reported having "periodic headaches lasting 1 hour to 2 days". She also reports that she was having increased back pain, as well as spasms. She reported that it radiated down her right lateral leg. Her diagnoses included lumbago, chronic pain syndrome, enthesopathy of hip region, and spasm of muscle. The treatment plan was noted to include Tramadol, use of ice, gentle stretching, and the request for a TENS unit, as it had "good results" in the past. A request for authorization for Tramadol, Trigger Point Injections, a TENS unit, and Physical Therapy was made on 8-10-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection x 10:** 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:** The MTUS Chronic Pain Guidelines state that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value, but not for radicular pain. The addition of a corticosteroid to the anesthetic is generally not recommended. The MTUS also states that trigger point injections are not recommended for typical back or neck pain. The criteria for use of trigger point injections include: 1. Documentation of trigger points (twitch response with referred pain), 2. Symptoms have persisted for more than three months, 3. Medical management therapies such as ongoing stretches, physical therapy, NSAIDs, and muscle relaxants have failed, 4. Radiculopathy is not present, 5. No more than 4 injections per session, 6. No repeat injections unless more than 50% pain relief is obtained for at least six weeks after the injection with evidence of functional improvement, 7. Frequency should not be less than two months between injections, and 8. Trigger point injections with any other substance other than local anesthetic with or without steroid are not recommended. In the case of this worker, there was record of low back pain and spasm. However, the documented physical examination from recent notes did not reveal any trigger points as it was documented in the notes. In addition, there was limited review of which therapies were tried and failed to warrant such injections. Therefore, the request for trigger point injections is not medically necessary at this time.

**TENS Unit, purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS Page(s): 114-116.

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, include: 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, there was record of having "good results" with prior use of TENS with a physical

therapist. However, no more detail was provided such as measurable gains with use and measurable pain level reduction with use to suggest continued use with TENS would be justified. Regardless, there was no one month trial at home documented in the notes as having taken place before purchase of the unit would even be considered approved. Therefore, the request for TENS unit (purchase) is not medically necessary at this time.