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| <b>Case Number:</b>   | CM15-0180016 |                              |            |
| <b>Date Assigned:</b> | 09/21/2015   | <b>Date of Injury:</b>       | 01/09/2014 |
| <b>Decision Date:</b> | 10/26/2015   | <b>UR Denial Date:</b>       | 08/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/14/2015 |

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 46 year old male who sustained an industrial injury on January 09, 2014. The injured worker was diagnosed as having lumbar strain with myofascial pain, "mild to moderate" lumbar three to four central stenosis, and lumbar four to five foraminal stenosis with degenerative disc bulging and facet degeneration. Treatment and diagnostic studies to date have included magnetic resonance imaging of the lumbar spine, electromyogram with a nerve conduction study, physical therapy, and medication regimen. In a progress note dated August 10, 2015, the treating physician reports complaints of pain to the back. Examination performed on August 10, 2015, was revealing for decreased range of motion to the lumbosacral spine, tenderness to the bilateral lower lumbar paraspinal muscles, the iliolumbar, and the sacroiliac regions with the right greater than the left, moderate tenderness to the bilateral greater trochanters, and positive straight leg raises bilaterally. On August 10, 2015, the injured worker's current pain level was rated a 6 out of 10, but the progress note did not indicate the injured worker's pain level prior to use of his medication regimen, and after use of his medication regimen to determine the effects of the injured worker current medication regimen. On August 10, 2015, the treating physician noted magnetic resonance imaging performed on March 05, 2015, that was revealing for multilevel degenerative disc disease with "mild to moderate" lumbar three to four central stenosis and lumbar four to five foraminal stenosis, along with disc bulging and facet degeneration. On August 10, 2015, the treating physician noted prior physical therapy that the injured worker was unable to tolerate and only completed three sessions. On August 10, 2015 the treating physician requested six trigger point injections to the lumbar spine,

but the documentation did not indicate the specific reason for the requested treatment. The progress note did not indicate any prior trigger point injections performed. On August 19, 2015 the Utilization Review determined the request for trigger point injections times six to the lumbar spine to be non-approved.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Trigger point injections x6 for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

**Decision rationale:** According to the cited CA MTUS guideline, trigger point injections are recommended for myofascial pain syndrome, but not for use in radicular pain. There are multiple criteria for the use of trigger point injections, to include the documentation of the trigger points with evidence upon palpation of twitch response with referred pain, and the symptoms must have been present for greater than three months. Treating physician notes from August 10, 2015, did not document that the injured worker had a trigger points, and thereby, did not clearly meet criteria per the MTUS. Therefore, the request for trigger point injections x6 for the lumbar spine is not medically necessary.