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| <b>Case Number:</b>   | CM15-0183253 |                              |            |
| <b>Date Assigned:</b> | 09/24/2015   | <b>Date of Injury:</b>       | 05/29/2001 |
| <b>Decision Date:</b> | 10/29/2015   | <b>UR Denial Date:</b>       | 08/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/17/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 is a 53 year old female with a date of injury on 8-2-02. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back and right hip pain associated with her total hip replacement and lumbar intravertebral disc disease. On 4-28-15 the injured worker reported complaints of low back pain with numbness and tingling radiating into her bilateral lower extremities and into her bilateral feet. The pain is rated 5 out of 10 with medications (Norco and soma) and 8 out of 10 without medications. Upon exam, tenderness was noted over the lumbosacral spine over the posterior lumbar paraspinal musculature, muscle spasms and trigger points were also noted. On 8-4-15, she reported overall functional improvement with current medication regimen of Norco and zanaflex. The pain is rated 5 out of 10 with medication and 9 out of 10 without medication. Upon exam, she had tenderness over her lumbar spine, trigger points and right hip. MRI of lumbar spine done on 3-21-15 reveals L4-5 2 mm posterior disc bulge and L5-S1 4-3 mm posterior disc protrusion. Treatments have included: medication, acupuncture, trigger point injections, electrical stimulation, heat and surgery. Request for authorization dated 8-4-15 was made for trigger point injections to the bilateral para lumbar muscles and right gluteal musculature. Utilization review dated 8-21-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection bilateral para lumbar muscles: 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:** The claimant has a remote history of a work injury occurring in August 2002 and continues to be treated for right hip and radiating low back pain. She underwent a right total hip replacement in March 2003. Trigger point injections were performed in October 2014. When seen, she had run out of medications and had significantly increased pain over the previous two months. Physical examination findings included ambulating with a slow and antalgic gait favoring the right lower extremity. There was decreased lumbar spine range of motion. There was right hip tenderness with positive straight leg raising. There was lumbar spine tenderness with moderate muscle spasms and trigger points with twitch response and referred pain. Authorization for repeat trigger point injections is being requested. Criteria for a repeat trigger point injection include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. In this case, the degree and duration of pain relief, if any, after the injection procedure in October 2014 is not documented. The request is not considered medically necessary.