

<b>Case Number:</b>	CM15-0208128		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	11/17/2007
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 47-year-old female with a date of industrial injury 11-17-2007. The medical records indicated the injured worker (IW) was treated for chronic lumbar strain, L4-L5, radiculitis; obesity; and right ankle strain resolved. In the progress notes (9-15-15), the IW reported "doing OK". She was trying to lose weight. At the 7-6-15 and 7-29-15 visits, she complained of back and leg pain. On examination (9-15-15 notes), there was tenderness at L3 through L5 and paraspinal spasm on the right side. Trigger points were noted at L3 through L5 and the right sciatic. Twitch response and referred pain with palpation was not documented. Range of motion of the lumbar spine was "75% reduced". Sensation was reduced in the foot and calf and weakness was noted in the foot, thigh and calf, not specified as left or right. There was tenderness in the right medial and lateral ankle. Reflex at the right knee was reduced. Treatments included previous trigger point injections, which were documented to be beneficial, but the amount of improvement and duration of relief was not reported; epidural steroid injection, which improved leg pain and paresthesias; and medications (Butrans patch, Cyclobenzaprine, Lidoderm patch, Lyrica, and Vicodin), which the provider stated were not covering her pain. The IW was not working. A Request for Authorization dated 9-17-15 was received for trigger point injection with ultrasound guidance at L5 (quantity 4). The Utilization Review on 9-28-15 non-certified the request for trigger point injection with ultrasound guidance at L5 (quantity 4).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injection with ultrasound guidance L5 x4: Upheld**

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

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

**Decision rationale:** This 47 year old female has complained of lower back pain and right ankle pain since date of injury 11/17/2007. She has been treated with epidural steroid injections, physical therapy and medications. The current request is for trigger point Injection with ultrasound guidance L5 x4. Per the MTUS guidelines cited above, 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. The available medical documentation fails to meet criteria number (1) above. That is, there is no objective documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain on physical examination. On the basis of the MTUS guidelines and available medical documentation, Trigger Point Injection with ultrasound guidance L5 x4 is not indicated as medically necessary in this patient.