

<b>Case Number:</b>	CM15-0208189		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	12/26/2013
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	09/24/2015
<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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 49 year old female, who sustained an industrial injury on 12-26-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic low back pain, lumbosacral spondylitis without myelopathy, and lumbar spinal stenosis. Medical records (04-30-2015 to 08-17-2015) indicate ongoing neck, low back and left shoulder pain. Pain levels were rated 4-8 out of 10 in severity on a visual analog scale (VAS) in the low back and 4 out of 10 in the neck and left shoulder. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has restrictions, but work status was not specified. The physical exam of the lumbar spine, dated 08-17-2015, revealed straightening of the lumbar curvature due to myospasms, tenderness within the paralumbar musculature, mild tenderness in the bilateral sacroiliac joints, decreased and painful range of motion, positive straight leg raise on the left, mildly decreased sensation in the L5-S1 dermatomes, and decreased strength in the pelvic girdle. Relevant treatments have included: 2 lumbar surgeries (1999 & 2014), lumbar epidural steroid injection (02-2015) with reported pain relief which lasted only one week before returning to baseline pain levels, physical therapy (no benefit), work restrictions, and pain medications. The treating physician indicates that x-rays of the lumbar spine (08-24-2015) showing L4-5 spondylosis with a 70% disc height loss and anterior and posterior osteophytes, and facet joint arthropathy at L4-5 and L5-S1. The request for authorization was not available for review; however, the utilization review letter states that the following procedure was requested on 09-17-2015: one trigger point injection to

the lumbar spine. The original utilization review (09-24-2015) non-certified the request for one trigger point injection to the lumbar spine.

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

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

#### **Trigger point injections, lumbar spine #1: 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:** MTUS states that Trigger Point Injections are "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." And further states that "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...For fibromyalgia syndrome, trigger points injections have not been proven effective." MTUS lists the criteria for Trigger Points: (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 treating physician has not provided clinical evidence of "circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain" as outlined in the above guidelines. Additionally, the medical records provided include subjective reports and objective findings of radiculopathy. As such, the request for Trigger point injections, lumbar spine #1 is not medically necessary.