

<b>Case Number:</b>	CM15-0208511		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/05/2015
<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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 28 year old female, who sustained an industrial-work injury on 2-27-13. A review of the medical records indicates that the injured worker is undergoing treatment for myofascial pain syndrome, lumbar radiculopathy, lumbar sprain and pain syndrome. Treatment to date has included pain medication, physical therapy at least 56, acupuncture at least 16, chiropractic care, trigger point injections X4 on 7-8-15, work modifications and other modalities. Magnetic resonance imaging (MRI) of the lumbar spine dated 3-26-15 reveals L5-S1 disc desiccation, craniocaudal central disc extrusion with high T2 signal annular tear. Medical records dated 9-22-15 indicate that the injured worker complains of pain in the spine and right buttocks. Per the treating physician report dated 9-22-15 the work status is full time with restrictions. The physical exam dated 9-22-15 reveals positive right lumbosacral paraspinal trigger points, decreased range of motion of the back, and positive spasm of the lumbosacral paraspinal muscles. The medical record dated 6-4-15 the physician indicates that the injured worker has clear evidence of bilateral LS radiculopathy with pain starting from the bilateral iliolumbar ligaments with radiation of pain down the bilateral lower extremities (BLE) with numbness and tingling in the both legs. The physician also indicates that the notes document positive straight leg raise bilaterally, and decreased sensation to light touch in the bilateral lower extremities (BLE). The physician indicates that he will request trigger point injection the last time it was given the pain was decreased for over 6 weeks with over 50 percent relief of pain. The request for authorization date was 9-22-15 and requested service included Trigger point injection with guided ultrasound, right lumbar spine x 4 5cc 1% Lidocaine and 40mg Kenolog

qty: 4.00. The original Utilization review dated 10-5-15 non-certified- the request for Trigger point injection with guided ultrasound, right lumbar spine x 4 5cc 1% Lidocaine and 40mg Kenolog qty: 4.00.

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

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

**Trigger point injection with guided ultrasound, right lumbar spine x 4 5cc 1% Lidocaine and 40mg Kenolog qty: 4.00: Overturned**

**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:** With regard to trigger point injections, the MTUS CPMTG states: Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. "Criteria for the use of Trigger point injections: 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. (Colorado, 2002) (BlueCross BlueShield, 2004)" Per the medical records submitted for review, the injured worker previously underwent trigger point injection 7/8/15 which was noted to provide over 50% relief for well over six weeks. It was noted that her TPIs allowed her to be more independent with ADLs including a better sitting tolerance. Per the records, the injured worker had well circumscribed trigger points in the right lumbar spine paraspinal muscles. These trigger points responded with a classic twitch response after insertion of the needle into the trigger points under ultrasound guidance. I respectfully disagree with the UR physician's assertion that the medical records did not contain documentation supporting TPI. The request is medically necessary.