

<b>Case Number:</b>	CM15-0210392		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	12/12/2002
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 67 year old female, who sustained an industrial injury on 12-12-2002. The injured worker is undergoing treatment for: lumbar disc degeneration, thoracic facet arthropathy, low back and thoracic spine pain. On 10-1-15, she reported thoracic and lumbar pain rated 5-7 out of 10. She indicated she had 80 percent improvement in back pain and spasms with trigger point injection given in August 2015 and lasted 3 weeks. This is noted to have allowed her to work 3 days a week. Objective findings revealed a well-healed surgical scar in the lumbar area, tenderness in the lumbosacral area, "SI joint, some SN no ischial bursal pain", tenderness and "radicular snapping band tenderness in the rhomboid and erector spinea bilaterally". The treatment and diagnostic testing to date has included: laminectomy (date unclear), trigger point injections (August 2015, and 10-1-15), urine drug testing (8-17-15), stretching and ice. Medications have included: Fentanyl. Current work status: unclear. The request for authorization is for: retro request for lumbar trigger point injections on date of service 10-1-15. The UR dated 10-16-2015: non-certified for the retro request for lumbar trigger point injections on date of service 10-1-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Lumbar Trigger Point Injection (DOS: 10-01-2015): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Trigger point injections.

**Decision rationale:** Guidelines have very specific criteria that are recommended if trigger points are to be repeated. These standards include at least a 6 week response time that is associated with clear functional benefits. The ODG Guidelines also state that functional benefits should include diminished need for pain medications during the 6 weeks of pain relief. This request does not meet these criteria. These standards appear to be recommended to negate the support for short-term placebo effects that provides for no long-term gains. It is clearly documented that the benefits were realized for a maximum of 3 weeks and there are no definitive functional gains as a result of the trigger point injection. In addition, there was no diminished utilization of pain medications. Under these circumstances, the request for Retrospective: Lumbar Trigger Point Injection (DOS: 10-01-2015) is/was not supported by Guidelines and is not medically necessary.