

<b>Case Number:</b>	CM15-0216017		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	06/03/2014
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 47 year old male who sustained an industrial injury on 6-3-14. The injured worker reported pain in the thoracic and lumbar spine. A review of the medical records indicates that the injured worker is undergoing treatments for thoracic sprain strain and myospasms, lumbar pain and myospasms, lumbar radiculopathy and status post lumbar spine surgery. Medical records dated 8-24-15 indicate pain rated at 4-5 out of 10. Provider documentation dated 8-24-15 noted the work status as remain off work until 10-8-15. Treatment has included status post interbody fusion at L4-5 (2013), radiographic studies, Norco since at least March of 2015, Soma since at least March of 2015, Norflex since at least March of 2015, Tramadol since at least August of 2015, electrodiagnostic testing (2014), magnetic resonance imaging. Objective findings dated 8-24-15 were notable for thoracic and lumbar spine with painful decreased range of motion, "antalgic lean to the left", and tenderness to palpation to thoracic and lumbar paravertebral muscles with muscle spasms noted, positive left sided straight leg testing. The original utilization review (10-8-15) denied a request for Discogram L3-L4, L5-S1 and Trigger Point Injection x 1 for lumbar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Discogram L3-L4, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter - Discography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Discography.

**Decision rationale:** Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Discography. Guidelines state the following: not recommended. According to the clinical documentation provided and current guidelines, Discography is not medically necessary at this time.

**Trigger Point Injection x 1 for lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter- Injection with anesthetics and/or steroids.

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

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Trigger point injection. MTUS guidelines state the following: Trigger point injections: Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. A 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. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. (Graff-Radford, 2004) (Nelemans-Cochrane, 2002) For fibromyalgia syndrome, trigger point injections have not been proven effective. (Goldenberg, 2004) 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. The patient has not met these above criteria for an injection. According to the clinical documentation provided and current MTUS guidelines, Trigger point injection is not medically necessary at this time.