

<b>Case Number:</b>	CM15-0224747		
<b>Date Assigned:</b>	11/23/2015	<b>Date of Injury:</b>	08/18/2015
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2015

### 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: New York

Certification(s)/Specialty: Internal 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:

This 47 year old man sustained an industrial injury on 8-18-2015. Evaluations include lumbar spine MRI dated 9-16-2015 showing minimal bulges at L3-L4, L4-L5, and L5-S1. Diagnoses include lumbar facet arthropathy, and facet mediated pain with lumbar paraspinal spasms. Treatment has included oral medications and physical therapy. Physician notes dated 10-26-2015 show complaints of low back pain that is reported to be 60% improved with intermittent numbness and tingling down the left leg. The physical examination shows 4 out of 5 strength of the left knee and 5 out of 5 strength in the right leg. Straight leg raise exacerbates the back pain. Tenderness is noted to the left L4-L5 region of the lumbar spine and the left sacroiliac joint. There is "full" lumbar range of motion with trigger points on the paraspinal muscles at L4-L5. Recommendations include L4-L5 paraspinal trigger point injections and consideration of L4-L5 and L5-S1 facet injections if he does not get relief, and chiropractic care. Utilization Review denied a request for L4-L5 paraspinal trigger point injections on 11-6-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 paraspinal trigger point injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

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

**Decision rationale:** According to California MTUS Guidelines, 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 on exam; 5) Not more than 3-4 injections per session; 6) No repeat injections unless greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; 7) Frequency should be at an interval less than 2 months; 8) Trigger point injections with any substance other than local anesthetic with or without steroid are not recommended. There was no documentation provided indicating circumscribed trigger points with palpable twitch response and referred pain. Medical necessity for the requested item has not been established. The requested trigger point injection is not medically necessary.