

<b>Case Number:</b>	CM15-0035981		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	12/07/2005
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 46 year old female, who sustained an industrial injury on 12-7-2005. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease, lumbago, lumbar postlaminectomy syndrome, chronic pain syndrome, lumbar facet joint pain, and lumbar radiculopathy. On 1-16-2015, the injured worker reported low back pain radiating to legs and right arm pain, with the pain level continuing to get progressively worse. The Primary Treating Physician's report dated 1-16-2015, noted the injured worker with pain post L5-S1 fusion with the cold weather causing a flare-up. The injured worker reported that without medications the pain was 10 out of 10 and with medications the pain was 5- 6 out of 10 on the visual analog scale (VAS). The Physician noted epidurals had helped significantly in the past. The injured worker's current medications were noted to include Oxycodone IR and Robaxin. The physical examination was noted to show the lumbar spine with restrictions of flexion and lateral bending by 50%, unable to extend, with tenderness in the low back and over the paraspinal musculature, and straight leg raise causing muscle spasms in the left lumbosacral area. Dysesthesia and hypoaesthesia down the left leg from the sacrum across the buttocks to the heels. A lumbar MRI dated 11-22-2010 was noted to show new right foraminal protrusion. The treatment plan was noted to include requests for authorization for chronic pain medication maintenance regimen, Oxycodone IR, and a bilateral lumbar deep fascia trigger point injections. The request for authorization dated 1-16-2015, requested trigger point injections bilateral lumbar deep fascia. The Utilization Review (UR) dated 1-27-2015, denied the request for trigger point injections bilateral lumbar deep fascia.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections (B) lumbar deep fascia:** 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:** CA MTUS Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122 states, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain or fibromyalgia. 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." In this case the exam notes from 1/16/15 demonstrate no evidence of myofascial pain syndrome and the claimant has evidence of radiculopathy. Therefore the determination is for not medically necessary.