

<b>Case Number:</b>	CM15-0046234		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	07/17/2000
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: Physical Medicine & Rehabilitation, 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 64 year old male who sustained an industrial injury on 07/17/2000. Current diagnoses include myofascial pain syndrome, lumbar disc degeneration, lumbosacral spondylosis without myelopathy, and lumbar spinal stenosis. Previous treatments included medication management, right gluteus trigger point injection on 01/20/2015, right piriformis injection on 01/21/2014, swimming and stretching daily, physical therapy, and heat and cold compression. Report dated 02/17/2015 noted that the injured worker presented with complaints that included low back pain, which radiates to bilateral lower extremities associated with numbness and tingling sensation in feet and toes. Pain level was rated as 2 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included return to office for piriformis injection. The physician noted that the injured worker received 60% pain relief with the prior piriformis injection. Patient reports 100% relief from a right gluteus medius trigger point injection and able to swim and exercise more easily. Pain level is reported as 2/10. Physical examination reveals "trigger points" that are very tender to palpation. The note indicates that the patient received 100% relief from right gluteus medius trigger point injection and 60% relief from right piriformis injection with the pain slowly returning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(R) Piriformis Trigger Point Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections.

**Decision rationale:** Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of reduction in medication use and objective functional improvement for 6 weeks, as a result of previous trigger point injections. In the absence of such documentation, the requested trigger point injections are not medically necessary.