

<b>Case Number:</b>	CM15-0050353		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	05/25/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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

### 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 51 year old female, who sustained an industrial injury on 5/25/2013. The current diagnoses are lumbago and myofascial pain. According to the progress report dated 10/8/2014, the injured worker complains of low back pain with paraspinal tenderness. The pain is rated 5/10 in intensity, but with activity, her pain can increase to 10/10. Treatment to date has included medication management, MRI, physical therapy, heat, electrodiagnostic studies, trigger point injections, and epidural steroid injection (4/10/2014). Per notes, she previously she had trigger point injections with only a couple days of pain relief. The plan of care includes 6 trigger point injections to the lumbar region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Retrospective trigger point injections done from L2-L3 regions down to the L4-L5 regions bilaterally for lumbar on DOS: 10/8/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121-122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** The 51 year old patient presents with burning pain, tingling, numbness, and swelling, rated at 10+/10, in lower back, hip, leg, knees, toes, neck, shoulder, arm, elbow and fingers, as per progress report dated 01/07/15. The request is for 6 RETROSPECTIVE TRIGGER POINT INJECTIONS DONE FROM L2-L2 DOWN TO THE L4-L5 REGIONS BILATERALLY FOR LUMBAR ON DOS: 10/08/14. The RFA for the case is dated 10/08/14, and the patient's date of injury is 05/25/13. Diagnoses, as per progress report dated 10/08/14, included lumbago and myofascial pain. The patient is disabled, as per progress report dated 01/07/15. MTUS Guidelines, page 122, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES support trigger point injections for "Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain"; radiculopathy is not present, maximum of 3-4 injections per session, and for repeat injections, documentation of "greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement." In this case, the patient received trigger point injections at L2-3, L3-4 and L5-S1, as per progress report dated 08/13/14. In progress report dated 10/08/14, the treating physician states that previous trigger point injections provided "only a couple days of pain relief." The patient was, nonetheless, given injections at six different trigger points from L2-3 to L4-5 bilaterally again on 10/08/15 as prior injections gave "some relief." MTUS, however, requires an evidence of greater than 50% pain relief for six weeks along with objective functional improvement due to prior TPIs for repeat injections. Hence, the current request for 6 retrospective injections IS NOT medically necessary.