

<b>Case Number:</b>	CM15-0052391		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	07/14/1990
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 July 14, 1990. The injured worker was diagnosed as having lumbago, thoracic or lumbosacral neuritis or radiculitis unspecified, degeneration of thoracic or lumbar intervertebral disc, sacroiliitis, muscle spasm, and dysesthesia. Treatment to date has included physical therapy, chiropractic treatments, acupuncture, massage therapy, TENS, sacroiliac joint injections, lumbar epidural steroid injection (ESI), lumbar spine MRI, and medication. Currently, the injured worker complains of low back and right leg pain with associated weakness. The Treating Provider's report dated February 16, 2015, noted the injured worker reported that without medication her pain was 9/10, and with medications the pain was 6/10. The injured worker was reported to have had a right SI joint trigger point injection on January 19, 2015, with 100% relief for at least one week. Current medications were listed as Ultram, Gabapentin, Lyrica, and Voltaren gel. Physical examination was noted to show radiating numbness and tingling down the right leg with moderate to severe tenderness with light palpation on L4-S1, especially tender at L4-L5 on the right only. Positive right straight leg raise was noted to elicit both right sided lumbar pain and SI joint pain. Per the doctor's note dated 23/3/15 patient had complaints of low back pain and right LE pain with weakness at 6-8/10. Physical examination of the low back revealed tenderness on palpation, limited range of motion, positive Patrick and compression test and negative SLR. Thoracic spine MRI dated June 6, 2012, was noted to show left paracentral T11-T12 paracentral disc protrusion and degenerative T12-L1 disc. Lumbar spine MRI dated

February 27, 2014, was noted to show degenerative disc disease at L1-L2 to L4-L5 with disc bulge with mild flattening of thecal sac. The Provider requested authorization for a right SI joint trigger point injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 RIGHT SI JOINT TRIGGER POINT INJECTION: Upheld**

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

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

**Decision rationale:** 1 RIGHT SI JOINT TRIGGER POINT INJECTION. MTUS Chronic Pain Guidelines regarding Trigger point injections state, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." Criteria for the use of Trigger point injections: (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. The records provided did not specify the indications for trigger point injections listed above. Records provided did not specify documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, evidence that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain was also not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Patient has received an unspecified number of the PT visits for this injury till date. Any evidence of continued ongoing conservative treatment including home exercise and stretching was not specified in the records provided. The previous therapy notes are not specified in the records provided. The injured worker was reported to have had a right SI joint trigger point injection on January 19, 2015, with 100% relief for at least one week. Any evidence of a greater than 50% pain relief for six weeks from previous injections and evidence of functional improvement was not specified in the records provided. The detailed response to previous trigger point injections for this injury was not specified in the records provided. The notes of previous trigger point injections documenting significant functional progressive improvement was not specified in the records provided. Rationale for repeating trigger point injections for this injury was not specified in the records provided. Currently, the injured worker complains of low back and right leg pain with associated weakness. Physical examination was noted to show radiating numbness and tingling down the right leg with moderate to severe tenderness with light palpation on L4-S1, especially tender at L4-L5 on the right only. Positive right straight leg raise was noted to elicit both right sided lumbar pain and SI

joint pain. She had received epidural injections for this injury. There is evidence of possible radiculopathy. As per cited guidelines, trigger point injections are not recommended for radicular pain. The request is not medically necessary.