

<b>Case Number:</b>	CM15-0083365		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	08/19/1998
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Massachusetts

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 74-year-old male, who sustained an industrial/work injury on 08/19/1998. He reported initial complaints of lower back pain. The injured worker was diagnosed as having myalgia and myositis, lumbar sprain and strain, and thoracic/lumbosacral neuritis, radiculitis, unspecified. Treatment to date has included medication, diagnostics, and home exercise program. Currently, the injured worker complains of increased pain in the back with some numbness and tingling with spasms of the area. Per the primary physician's progress report (PR-2) on 4/14/15, examination reveals lumbosacral paraspinal tightness and spasms, reduced range of motion in all planes, and decreased sensation to the back. Current plan of care included medication (Naprosyn, Omeprazole, Flexeril, Neurontin, and Lidopro), drug screening, and trigger point injections. The requested treatments include urine drug screen and trigger point injections, #4, to the bilateral lumbosacral paraspinal muscles with 5cc 1% Lido and 40mg of Kenalog under ultrasound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for radiating low back pain. When seen, medications were Flexeril, Neurontin, omeprazole, Naproxen, and LidoPro. He had increasing pain and spasms. A lumbar epidural steroid injection was to be scheduled. The requesting provider documents the presence of trigger points and spasms. Trigger point injections were performed. Urine drug screening was done. Criteria for the use of opioids address the role of urine drug screening. In this case, when seen, the claimant was not taking an opioid and opioid therapy was not being started. Therefore, urine drug screening was not medically necessary.

**Trigger point injections, #4, to the bilateral lumbosacral paraspinal muscles with 5cc 1% Lido and 40mg of Kenalog under ultrasound: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for radiating low back pain. When seen, medications were Flexeril, Neurontin, omeprazole, Naproxen, and LidoPro. He had increasing pain and spasms. A lumbar epidural steroid injection was to be scheduled. The requesting provider documents the presence of trigger points and spasms. Trigger point injections were performed. Urine drug screening was done. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented and therefore trigger point injections were not medically necessary.