

<b>Case Number:</b>	CM15-0086039		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	02/05/2004
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 was a 54 year old male, who sustained an industrial injury, February 5, 2004. The injured worker previously received the following treatments spinal cord stimulator implant, Norco, physical therapy, random toxicology laboratory studies which were negative, medication management, biofeedback, chiropractic sessions, acupuncture and psychological intervention. The injured worker was diagnosed with lumbar spine radiculopathy, lumbar spondylosis, cervical radiculopathy, thoracic herniated disc, failed back syndrome, fibromyalgia/myositis, degenerative disc disease, lumbar and lumbosacral spondylosis without myelopathy. According to progress note of March 5, 2015 the injured workers chief complaint was thoracic and low back pain. The injured worker rated the pain at 1 out of 10 and the worst pain 4 out of 10. The pain was described as aching, annoying and sore. The range of motion was limited due to implant. The injured worker has had increased functional ability in activities of daily living such as, washing clothes and vacuuming. The physical exam noted slight tenderness over the upper incision, bur well healed. The straight leg raises were positive on the right. There were no trigger points in the muscles of the lumbar spine. The injured worker walked with a normal gait. Range of motion of the lumbar spine did not cause pain. The neurological exam noted normal motor strength, sensory and intact deep tendon reflexes throughout. The treatment plan included trigger point injections to the lumbar spine times 1 and spine support brace purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections to the lumbar spine: 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 Trigger point injections Page(s): 122.

**Decision rationale:** This 54 year old male has complained of low back pain since date of injury 2/5/04. He has been treated with spinal cord stimulation, physical therapy, chiropractic therapy, acupuncture and medications. The current request is for trigger point injections to the lumbar spine. Per the MTUS guidelines cited above, trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The available medical documentation fails to meet criteria number (1) above. That is, there is no objective documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain on physical examination. On the basis of the MTUS guidelines and available medical documentation, the request for trigger point injections to the lumbar spine is not indicated as medically necessary in this patient.

**Spine Support Brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar Supports.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** This 54 year old male has complained of low back pain since date of injury 2/5/04. He has been treated with spinal cord stimulation, physical therapy, chiropractic therapy, acupuncture and medications. The current request is for a spine support brace. Per the MTUS guideline cited above, spine support brace has not been shown to have any lasting benefit beyond the acute phase of symptomatic relief, and is not recommended as a treatment for chronic back pain. On the basis of the MTUS guidelines and the provided documentation, spine support brace is not indicated as medically necessary.

