

<b>Case Number:</b>	CM14-0091500		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/29/2011
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant was injured on 11/29/11. Trigger point injections, chiropractic, and sacroiliac joint injections are under review. On 01/16/14, Dr. [REDACTED] indicated that she may need a repeat SI joint injection. She was trying to lose weight. A trial of chiropractic treatment was recommended. A trial of acupuncture and manipulation was recommended. She had a panel QME bit physical examination did not demonstrate any sacroiliac dysfunction. She does have lumbar degenerative disc disease and strain syndrome with chronic myofascial pain. She received future medical care. She saw Dr. [REDACTED] on 04/10/14. She complained of low back and left lower extremity pain. She was injured while lifting patients. Her medications were helpful. She was doing quite a bit better. She was getting trigger point injections that day. She stated that medications were helping her and she needed them. Current medications included lidocaine ointment, Vicodin, Flexeril, amitriptyline, and tramadol. She had a mildly antalgic gait with tenderness. Her muscle strength was normal. She had palpable taut bands in the area of pain with soft tissue dysfunction and spasm in the low back and gluteal regions. Range of motion of the spine caused concordant pain. She was diagnosed with lumbosacral spondylosis and sacroiliitis. She received a Toradol injection, trigger point injections, and manual therapy and manipulation. She saw a chiropractor, Dr. [REDACTED] on 04/14/14 and was better with treatment. She was diagnosed with lumbar segmental dysfunction and facet syndrome. On 06/26/14, she saw Dr. [REDACTED] and was released to full duty. Her daily activity level was normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar trigger point injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 163.

**Decision rationale:** The history and documentation do not objectively support the request for lumbar trigger point injections. The MTUS state "trigger point injections may be recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. (Graff-Radford, 2004) (Nelemans-Cochrane, 2002) For fibromyalgia syndrome, trigger point injections have not been proven effective. (Goldenberg, 2004) Back to top Criteria for the use of Trigger point injections: 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. (Colorado, 2002) (BlueCross BlueShield, 2004) There is no evidence of the presence of trigger points as described by these criteria as referred pain on palpation and a twitch response have not been documented. The medical necessity of the request for repeat trigger point injections under these circumstances has not been demonstrated and the request for trigger point injections is not medically necessary.

**Chiropractic x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation, Definition of functional improvement.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 92.

**Decision rationale:** The history and documentation do not objectively support the request for continued chiropractic visits x 6. The MTUS state "manual therapy & manipulation may be recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. In this case, the specific benefit that the claimant is receiving from chiropractic care is unclear. She has reportedly been cleared to return to her regular work and there is no evidence that she remains unable to continue her rehab with an independent and self-directed home exercise program. There is no evidence that additional chiropractic care is likely to provide her with significant or sustained benefit that she cannot achieve on her own. The medical necessity of 6 additional chiropractic visits has not been clearly demonstrated.

**Sacroiliac joint injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 191-192.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Chapter 12, Low Back, Sacroiliac injections.

**Decision rationale:** The history and documentation do not objectively support the request for sacroiliac joint injections. The MTUS do not specifically address SI joint injections and the ODG state these injections are "not recommended except as a last resort for chronic or severe sacroiliac joint pain." The claimant has been released to her regular work and there is no evidence of severe pain for which this type of injection appears to be indicated. There is no documentation that she has completed an aggressive program of rehab targeting the SI joint. The medical necessity of this request for sacroiliac joint injections has not been clearly demonstrated.