

<b>Case Number:</b>	CM14-0096167		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/22/2002
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 61 year old female who was injured on 3/22/2002. She was diagnosed with lumbar sprain, lumbar degenerative disc disease, lumbar radiculopathy, chronic low back pain, and lumbar stenosis (L3-4 and L4-5). She was treated with an epidural injection, physical therapy, TENS unit, and medications. On 3/18/2014, the worker was seen by his treating physician following the epidural injection reporting continual low back pain and associated leg pain that was actually worse, rated at an 8/10 on the pain scale. The documentation of the physical examination recorded a lipoma in the lumbar area and a positive straight leg raise test (left greater than right). A trigger point injection was provided that same day (unspecified location). A request was then made for a refill of her medications (not specified), and return to the office in two months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that trigger point injections may be recommended for myofascial pain syndrome, but has limited lasting value. It is not, however, recommended for radicular pain. Adding corticosteroid to an anesthetic is generally not recommended. The criteria for the use of trigger point injections includes: "1. Documentation of trigger points (palpation of a twitch response and referred pain, 2. Symptoms have persisted for more than three months, 3. Medical management therapies (exercises/physical therapy, NSAIDs, muscle relaxants) have failed to control pain, 4. Radiculopathy is not present, 5. Not more than 3-4 injections per session, 6. No repeat injections unless a >50% pain relief (with associated functional improvement) is obtained for at least six weeks after a previous injection, 7. Frequency should not be at an interval less than two months, and 8. Any substance other than local anesthetic (with or without corticosteroids) is not recommended." In the case of this worker, there was not any documented trigger points on the physical examination on the day of the injections in order to warrant the injections in the first place. Without this clear documentation for the reviewer's assessment, the trigger injection is not medically necessary.

**Medications.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 35, 79.

**Decision rationale:** The MTUS ACOEM Guidelines state that the role of the clinician is to provide appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. In the case of this worker, no record was seen listing her medications and doses. Requesting "medications" is not sufficient to approve a refill of the worker's medications she was taking at the time of the request. Without specific drug names, doses, number of pills, and background information about each drug being used, approving them is not possible. Therefore, the "medications" are not medically necessary.