

<b>Case Number:</b>	CM14-0037124		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/29/2005
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 38 year old with an injury date on 3/29/05. Patient complains of constant low lumbar pain, rated 8/10, radiating to the left leg per 2/17/14 report. Patient states that medications help him to tolerate pain per 2/17/14 report. Based on the 2/17/14 progress report provided by the treating physician, the diagnoses are lumbar radiculopathy, FBSS/lumbar DDD/muscle spasm, Hip OA and cervical DDD and radiculopathy. Exam on 2/17/14 showed "normal reflexes, sensory exam: intact. Straight leg raise positive at 30 degrees on left." No range of motion testing was provided in reports. Patient's treatment history includes medications. The treating physician is requesting left paraspinal muscle trigger point injection and right sacroiliac joint injection. The utilization review determination being challenged is dated 2/27/14. The requesting physician provided treatment reports from 8/20/13 to 2/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left paraspinal muscle trigger point injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-7, Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**Decision rationale:** This patient presents with lower back pain, and left leg pain. The treater has asked for LEFT PARASPINAL MUSCLE TRIGGER POINT INJECTION on 2/17/14. Review of the reports do not show any evidence of trigger point injections being done in the past. Regarding trigger point injections, MTUS recommends only for myofascial pain syndrome and not for radicular pain. MTUS also requires "documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." For fibromyalgia syndrome, trigger point injections have not been proven effective. While this patient presents with lower back and lower extremity pain, there is no diagnosis of myofascial pain with specific, circumscribed trigger points as required by MTUS. The patient also presents with radicular symptoms in which case, trigger point injections are not indicated. Recommendation is for denial.

**Right sacroiliac joint injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Chapter, Sacroiliac joint blocks

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter on Hip, for SI joint blocks

**Decision rationale:** This patient presents with lower back pain, and left leg pain. The treater has asked for RIGHT SACROILIAC JOINT INJECTION on 2/17/14. Review of the reports do not show any evidence of sacroiliac joint injections being done in the past. Regarding diagnostic SI joint injections, ODG guidelines recommend SI joint injections if examination shows at least three positive SI joint maneuvers. In this case, patient's exam does not include any maneuvers showing sacroiliac joint dysfunction. The requested bilateral sacroiliac joint injections are not medically necessary per ODG guidelines. Recommendation is for denial.