

<b>Case Number:</b>	CM15-0002609		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	02/26/2008
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47-year-old male who reported an injury on 02/26/2008 due to cumulative trauma. The mechanism of injury was also due to a slip and fall. His diagnoses included degenerative disc disease of the thoracic spine, disc extrusion at the L4-5, status post posterior discectomy and fusion, chronic pain syndrome with opioid dependency, and status post detox. His past treatments included medication, surgery, physical therapy, and psychiatric care. On 11/25/2014, the injured worker complained of increased anxiety, low back and lower extremity pain. The physical examination of the lumbar spine revealed a well healed midline surgical scar with moderate bilateral lumbar paraspinous tenderness at the L5-S1 with 1+ muscle spasm and a positive twitch response. The lumbar range of motion revealed flexion at 45 degrees, extension at 15 degrees, right lateral flexion at 15 degrees, and left lateral flexion at 15 degrees. The lower extremity examination revealed a positive straight leg raise on the right, decreased muscle strength at the peroneus longus/brevis and the extensor hallucis longus, hyperesthesia in the right S1 dermatome with sensation and normal reflexes. His current medications included Norco 10/325 mg, Soma 350 mg, clonazepam 1 mg, MSIR 15 mg, quazepam 15 mg, and tramadol 50 mg. The treatment plan included a trigger point injection. A rationale was not provided. A Request for Authorization form was submitted on 12/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for a trigger point injection is not medically necessary. According to the California MTUS Guidelines, trigger point injections may be recommended only for myofascial pain syndrome; however, it is not recommended for radicular pain. The criteria for the use of trigger point injections include: documented circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms that are persistent for more than 3 months; medical management therapies (such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants) have failed to control pain; radiculopathy is not present by exam or diagnostic testing; and no more than 3 to 4 injections per session. The injured worker was indicated to have a positive twitch response upon palpation of the bilateral lumbar paraspinous. The physical examination also indicated the injured worker had radicular pain to include neurological deficits with decreased motor strength and sensation a positive straight leg raise indicating radicular symptoms. Based on the presence of radicular symptoms upon examination, the request is not supported by the evidence based guidelines. In addition, the request as submitted failed to specify the number of injections and failed to identify the targeted levels. As such, the request is not medically necessary.