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| <b>Case Number:</b>   | CM15-0006281 |                              |            |
| <b>Date Assigned:</b> | 01/26/2015   | <b>Date of Injury:</b>       | 04/27/1996 |
| <b>Decision Date:</b> | 03/26/2015   | <b>UR Denial Date:</b>       | 12/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/12/2015 |

### 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: Pennsylvania, Ohio, California  
 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:

This 74 year old female sustained an industrial injury on 4/22/95 with subsequent ongoing low back pain. The injured worker underwent laminectomy and fusion at L2-3, L3-4 and L4-5 in June 2007. Other treatments included spinal cord stimulator, TENS unit, medications and trigger point injections. In an office visit dated 12/4/14, the injured worker complained of persistent low back pain as well as bilateral lower extremity pain. Current diagnoses included cervical and lumbar spondylosis, neuropathic pain and restless leg syndrome. Physical exam was remarkable for tenderness to palpation along the lumbar spine with decreased range of motion. The physician noted that the injured worker had palpable trigger points with a discrete focal tenderness located in a palpable taut band of skeletal muscle that produced a local twitch in response to stimulus in the band. The treatment plan included trigger point injections, refilling medications, ongoing stretching exercises and physical therapy. On 12/19/14, Utilization Review noncertified a request for retrospective: 4 Trigger Point Injections (TPIs), date of service 12/4/14, noting lack of lasting improvement following previous TPIs and citing CA MTUS Chronic Pain Medical Treatment Guidelines and ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective 4 Trigger Point Injections (TPIs) for 12/4/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

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

**Decision rationale:** California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on trigger point injections, page 122 discusses detailed criteria for trigger point injections. The guidelines recommend repeat injections only if there is greater than 50% pain relief for six weeks after an injection with documented evidence of functional improvement. The medical records in this case indicate that the patient has received multiple episodes of repeat trigger point injections without clear documentation of functional benefit and without ongoing physical examinations to support the criteria for continued trigger point injections have been met. Therefore, this request is not supported by the treatment guidelines. The request is not medically necessary.