

<b>Case Number:</b>	CM15-0015625		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	06/30/2003
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 59-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 30, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery; and various interventional spine procedures. In a Utilization Review Report dated January 16, 2015, the claims administrator denied a trigger point injection apparently performed in the office on November 6, 2014. The claims administrator contended that the applicant had received trigger point injections on July 29, 2013, March 5, 2014, June 3, 2014, July 24, 2014, August 28, 2014, September 11, 2014, and October 9, 2014, without any clear demonstration of functional improvement. The claims administrator contended that the applicant was using a variety of analgesic and adjuvant medications, including Topamax, Norco, Robaxin, Percocet, Mirapex, Duragesic, and Lidoderm. The applicant's attorney subsequently appealed. In a handwritten note dated February 4, 2015, the applicant reported ongoing issues with severe low back and lower extremity pain. The applicant also had issues with tearfulness, insomnia, impaired memory, and impaired concentration. The applicant was deemed 100% disabled, it was acknowledged. The applicant was given refills of Cymbalta, Abilify, Ambien, Desyrel, and Wellbutrin. Additional psychotherapy was endorsed. Large portions of the progress note were difficult to follow, handwritten, and not altogether legible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Ultrasound guided trigger point injection of L spine and intramuscular injection of analgesia performed in office.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back - Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9.

**Decision rationale:** 1. No, the trigger point injections performed on November 6, 2014 were not medically necessary, medically appropriate, or indicated here. The request in question does represent a request for repeat trigger point injections as it appears that the applicant had received multiple sets of trigger point injections in 2013 and 2014 alone. Page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, however, notes that pursuit of repeat trigger point injections should be predicated on evidence of lasting analgesia and functional improvement with earlier trigger point blocks. Here, however, the applicant was off of work. The applicant was deemed 100% totally disabled, it was suggested on a psychiatry note of February 4, 2015. The applicant remains dependent on a variety of analgesic, adjuvant, and psychotropic medications, including Cymbalta, Abilify, Desyrel, Wellbutrin, Ambien, Topamax, Percocet, Norco, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of multiple prior trigger point injections over the course of the claim. Therefore, the request was not medically necessary.