

<b>Case Number:</b>	CM15-0113629		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	03/18/2008
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: California, Hawaii

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 57 year old male, who sustained an industrial injury on March 18, 2008. The injured worker reported low back pain. The injured worker was diagnosed as having lumbar disc disorder, lumbar stenosis, depression, sleep disturbance and chronic back pain. Diagnostic studies and treatment to date has included magnetic resonance imaging (MRI) and medication. A progress note dated May 6, 2015 provides the injured worker complains of back pain, depression and sleep disturbance. Physical exam notes an antalgic gait and lumbar tenderness and muscle twitching. The plan includes Lyrica, home exercise program (HEP), trigger point injections and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection into Right Lumbar Muscle, 3 sessions, every 6-8 wks for 18-24 wks:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections. 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): 122.

**Decision rationale:** The patient presents with pain affecting the low back. The current request is for Trigger point injection into Right Lumbar Muscle, 3 sessions, every 6-8 wks for 18-24 wks. The treating physician report dated 5/6/15 (21B) states, "Bilateral nerve roots L4, L5, and S1 poly radiculopathy with weakness, reduced sensation and right calf atrophy and sciatica." The MTUS guidelines state the following regarding trigger point injections: "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." The guidelines go on to state, "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met." The fourth required criteria states, "Radiculopathy is not present (by exam, imaging, or neuro-testing)." In this case, there is documentation of radiculopathy in the documents provided for review. The current request does not satisfy the MTUS guidelines as outlined on page 122. The current request is not medically necessary.