

<b>Case Number:</b>	CM15-0113682		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	02/11/2011
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/09/2015
<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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 (IW) is a 62-year-old male who sustained an industrial injury on 02/11/2011. Diagnoses include thoracolumbar sprain, lumbar sprain, right leg contusion, right knee sprain, left hip sprain with greater trochanter bursitis, left lower extremity radiculopathy. Treatment to date has included medications, physical therapy, B12 injections, spinal fusion, acupuncture, trigger point injections and epidural steroid injections. According to the progress notes dated 6/2/15, the IW reported increased right mid lumbar pain due to sleeping in an awkward position and increased activities. He had difficulty standing up straight and used a cane to assist with walking. The provider stated the IW had a fall after his spinal fusion and the surgeon suspected a cracked bone spur. The records reflected the IW had many falls and subsequently increased his dosages of pain medication due to painful injuries. On examination of the lumbar spine, tenderness and spasms were present over the right mid lumbar paravertebral muscles, increasing with extension of 10 degrees. No initial pain was followed by increasing pain radiating down the right flank and hip/buttock/thigh area. After examination, three trigger point injections were administered over the right mid lumbar paravertebral muscles in the area of maximum spasm. Pain was decreased from 9/10 to 5-7/10. A retrospective request was made for a series of three trigger point injections to right lumbar spine for date of service 6/2/15. The medication list include Tramadol, Methadone, Oxycodone, Oxazepam. The patient has had MRI of the lumbar spine on 4/13/15 that revealed disc protrusion and foraminal narrowing, and CT scan of the lumbar spine on 4/13/15 that revealed interbody fusion and foraminal stenosis and X-ray revealed decompression. Patient has received an unspecified

number of PT visits for this injury. Per note dated 2/27/15 patient had antalgic gait and physical examination revealed positive SLR and decreased sensation in LE.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective series of 3 trigger point injections to the right lumbar spine (DOS 06/02/15):**  
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), Pain, Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, page 122.

**Decision rationale:** Request: Retrospective series of 3 trigger point injections to the right lumbar spine (DOS 06/02/15). MTUS Chronic Pain Guidelines regarding Trigger point injections state, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Criteria for the use of Trigger point injections: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement." The records provided did not specify the indications for trigger point injections listed above. Records provided did not specify documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, evidence that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain was also not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Patient has received an unspecified number of the PT visits for this injury till date. Any evidence of continued ongoing conservative treatment including home exercise and stretching was not specified in the records provided. The previous therapy notes are not specified in the records provided. He had received trigger point injections for this injury. Any evidence of a greater than 50% pain relief for six weeks from previous injections and evidence of functional improvement was not specified in the records provided. The detailed response to previous trigger point injections for this injury was not specified in the records provided. The notes of previous trigger point injections documenting significant functional progressive improvement was not specified in the records provided. Rationale for repeating trigger point injections for this injury was not specified in the records provided. The patient has had MRI of the lumbar spine on 4/13/15 that revealed disc protrusion and foraminal narrowing, and CT scan of the lumbar spine on 4/13/15 that revealed interbody fusion and foraminal stenosis and X-ray revealed decompression. Per note dated 2/27/15 patient had antalgic gait and physical examination

revealed positive SLR and decreased sensation in LE. There is evidence of possible radiculopathy. As per cited guidelines, trigger point injections are not recommended for radicular pain. The medical necessity of the request for Retrospective series of 3 trigger point injections to the right lumbar spine (DOS 06/02/15) is not fully established in this patient.