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| <b>Case Number:</b>   | CM15-0036554 |                              |            |
| <b>Date Assigned:</b> | 04/09/2015   | <b>Date of Injury:</b>       | 01/06/2010 |
| <b>Decision Date:</b> | 05/28/2015   | <b>UR Denial Date:</b>       | 01/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/26/2015 |

### 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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 58 year old male, who sustained an industrial injury on 01/06/2010. The documentation provided show the injured worker's diagnoses as lumbar radiculopathy, degenerative disc disease and depression. The 2012 MRI of the lumbar spine showed degenerative disc disease and bilateral foramina stenosis. Treatment to date has included use of a spinal cord stimulator, medications management and trigger point injections of the lumbosacral paraspinal muscles. In a progress note dated 09/23/2014 the treating physician reports complaints of constant sharp, throbbing low back pain that is rated an eight out of ten with an eighty percent relief of pain with medication or treatment. The pain score was reported as 7-8/10 on a scale of 0 to 10. The patient reported 80% reduction in pain with medications utilization. The medications listed are oxycodone, Voltaren, gabapentin, naproxen and Flexeril. The medical records indicated that trigger point injections of the lumbar spine was done on 12/16/2014 and 01/08/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Trigger point injections for the lumbar spine DOS: 12/16/2014 and 1/8/2015:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatments of severe musculoskeletal pain when conservative treatments with medications and PT have failed. The records show subjective and objective findings consistent with the diagnosis of lumbar radiculopathy for which the guidelines recommended treatment is lumbar epidural steroid injections. There is no documentation of tender taut muscle bands in the lumbar spine which the guidelines noted can be treated with trigger point injections. The criteria for the use of trigger point injections of the lumbar spine DOS 12/16/2014 and 1/8/2015 was not met. Therefore, the requested treatment is not medically necessary.