

<b>Case Number:</b>	CM15-0083149		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	01/31/2011
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 56 year old male, who sustained an industrial injury on 1-31-11. The documentation on 4-10-15 noted that the injured worker injured worker has complaints of severe increase in pain since the Monday. On the Monday, he was out on a walk with his dog and suddenly had a huge increase in pain in the right lumbar region. The pain was so severe it was difficult for him to get back to his care. The injured worker continues with shooting pain into the legs at times. The documentation noted that the injured worker was able to be out and about but he pain waxes and wanes. The injured workers pain on 4-10-15 was 8 out of 10 and over the last week it was 9.5 out of 10. The injured worker relates his pain relief with medication or treatment over the last week is 10 out of 100 percent. Lumbar spine examination revealed very limited range of motion due to severe pain. The sensation to light touch tested and intact throughout myofascial. The palpation was exquisitely tender to palpation of right lumbar spine region with spasms. Magnetic resonance imaging (MRI) of the lumbosacral spine on 2-17-12 revealed post-operative changes with fusion at L5-S1 (sacroiliac) and no new developments and no evidence of neuroforaminal compromise at the fused level. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included caudal epidural completed in the past; spinal cord stimulator in the past; flexeril and post-laminectomy syndrome of lumbar region. The original utilization review (4-24-15) non-certified the request for trigger point injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Trigger point injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

**Decision rationale:** The claimant sustained a work injury in January 2011 and continues to be treated for low back pain. He was seen on Friday, April 10, 2015. He had a severe increase in pain since Monday while walking his dog. The night before being seen he had another intense episode of pain. That morning he was able to be out and about and was having pain that was waxing and waning. Physical examination findings included right lumbar spine tenderness with spasms. Authorization was requested for trigger point injections at the next visit. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain, that symptoms have persisted for more than three months despite conservative treatments, and that radiculopathy is not present by examination, imaging, or electrodiagnostic testing. In this case, the presence of a twitch response with referred pain is not documented and the symptoms had been present for less than one week and were improving. A trigger point injection is not medically necessary.