

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0070491 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 02/07/2013 |
| <b>Decision Date:</b> | 04/09/2015   | <b>UR Denial Date:</b>       | 11/26/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/24/2013 |

### 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

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 66-year-old male, who sustained an industrial injury on February 7, 2013. He has reported a low back injury while driving a truck. The diagnoses have included lumbar strain; lumbar radiculopathy to both the left and right lower extremities with the right being more severe, bilateral sacroiliitis, and bilateral gluteal myofascial pain. Treatment to date has included physical therapy, massage therapy, and medications. Currently, the injured worker complains of chest discomfort and sacroiliac pain. The Treating Physician's report dated November 19, 2013, noted the injured worker had evidence of cardiac and renal complications that were significantly more critical than the musculoskeletal injuries. Physical examination was noted to show a decrease in power in his right patella, decrease in briskness of his right Achilles reflex, positive provocative testing for SI joint dysfunction bilaterally. On November 26, 2013, utilization review non-certified 6 bilateral gluteal myofascial trigger point injections, noting the record did not specify the type of conservative therapy the injured worker had received, that the injured worker had evidence of radiculopathy, and that the radiculopathy, cardiac issues, and kidney stones had not been addressed and treated appropriately. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines and Official Disability Guidelines (ODG) were cited. On December 24, 2013, the injured worker submitted an application for IMR for review of 6 bilateral gluteal myofascial trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 BILATERAL GLUTEAL MYOFACIAL TRIGGER POINT INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

**Decision rationale:** The patient presents with sacroiliac pain, rated 4/10 that has now increased to his right buttock, lateral thigh, and lateral leg consistent with radiculopathy. The request is for 6BILATERAL GLUTEAL MYOFACIAL TRIGGER POINT INJECTION. The RFA provided is dated 11/12/13. The diagnosis have included lumbar strain, lumbar radiculopathy to both the left and right lower extremities with the right being more severe, bilateral sacroiliitis, and bilateral gluteal myofascial pain. MRI study on 06/14/13 revealed asymmetric right L3-4 neural foraminal narrowing. Patient is back on modified duty. MTUS Guidelines, page 122, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES support trigger point injections for "Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain"; radiculopathy is not present, maximum of 3-4 injections per session, and for repeat injections, documentation of "greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. "The review of the reports does not show prior trigger point injections. In this case, the patient does not meet all the criteria which indicate that trigger point injections could be medically appropriate per MTUS: There is no documentation of circumscribed trigger points with referred pain. There is evidence of radiculopathy which is a contraindication for TPis. Furthermore, maximum of 3-4 injections per session is what is allowed by the guidelines. The request for six (6) injections is not supported by the guidelines. The request IS NOT medically necessary.