

<b>Case Number:</b>	CM13-0001283		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	05/21/2010
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	07/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/12/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 35 year-old male with a date of injury of 05/21/2010. The listed diagnosis per [REDACTED] dated 06/25/2013 is chronic back pain. According to report dated 06/25/2013, the patient presents with continued left sided low back pain. Patient was given a direct injection into the painful nodules at last visit. This produced "significant relief for a defined period of time." Patient presents for another injection. Examination identified painful nodules subcutaneously over line the left iliac bone. Patient was injected once again. The patient tolerated the procedure well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE REQUEST FOR XYLOCAINE, MARCAINE, AND KENALOG 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 Page(s): 122.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, under the chronic pain section has the following regarding trigger point injections: "Recommended only for myofascial pain syndrome with limited lasting value, not recommended for radicular pain." MTUS further states that all criteria need to be met including documentation of trigger points (circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain) symptoms persist for more than 3 months, medical management therapy, radiculopathy is not present, no repeat injections unless a greater than 50% relief is obtained for 6 weeks, etc. In this case, the treating physician describes "painful trigger points" in the left lower back. On 06/25/2013, the patient was administered an injection to these painful nodules as the prior injection produced "significant relief for a defined period of time." Medical records indicate injections were administered on 05/28/2013, 06/04/2013 and 06/25/2013. While the treating physician mentions trigger points, the examinations do not document a "twitch response as well as referred pain" upon palpation, the hallmark of trigger points. Without actually documenting trigger points on examination, trigger point injections are not recommended. Furthermore, there is no documentation that the patient's pain is improved by at least 50% lasting 6 weeks or more. The patient has been repeatedly provided with injections on monthly visits. The retrospective request for Xylocaine, Marcaine, and Kenalog injection are not medically necessary and appropriate.