

<b>Case Number:</b>	CM13-0020706		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/21/2009
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine 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 physician 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 62-year-old injured worker who reported an injury on January 21, 2009. The mechanism of injury was not provided for review. The patient had chronic complaints of low back pain. Prior treatments included medications, physical therapy, aqua therapy, and epidural steroid injections. The patient also previously received trigger point injections in September 09, 2012, that provided 50 percent relief for approximately 6 weeks. The patient's treatment plan included additional trigger point injections in addition to an epidural steroid injection and continued medication usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four trigger point injections for the bilateral lumbar paraspinal muscle:** Upheld

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

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

**Decision rationale:** The California Medical Treatment and Utilization Schedule recommend that there be documentation of functional improvement. The patient does have palpable trigger points during physical examination. The clinical documentation also provides evidence that the

patient previously received trigger point injections with at least 50 percent of pain relief for greater than 6 weeks. In this case, however, the clinical documentation submitted for review does not provide any evidence that the patient had an increase in functional improvement. Four trigger point injections for the bilateral lumbar paraspinal muscle are not medically necessary and appropriate.