

<b>Case Number:</b>	CM13-0025371		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	04/20/2006
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 Physical Medicine & Rehabilitation 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 57 year old male who reported a work-related injury on 04/20/2006, specific mechanism of injury not stated. The clinical notes document that the patient presented for treatment of lumbar disc disease with radiculopathy, lumbar strain/sprain, myofasciitis and sacroilitis. The clinical note dated 07/17/2013 reported that the patient was seen under the care of [REDACTED]. The provider documented that the patient was a candidate for a trial of an intrathecal drug delivery system. The provider documented that the patient would undergo trigger point injections under ultrasound guidance on this date. The provider documented that upon physical exam of the patient's cervical spine; mild to moderate tenderness from the suboccipital region down the paravertebral musculature to the trapezius and scapular areas bilaterally was noted. There was mild pain to manipulation of the bilateral shoulders but full passive range of motion. Lumbar spine range of motion was decreased secondary to pain past 30 degrees of flexion with minimal extension. The provider documented that the patient had moderate soft tissue pain from the high lumbar to the sacrum. The provider documented that the patient received 10 trigger points injections to the paravertebral lumbar and sacroiliac musculature as well as the piriformis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective 10 trigger point injections with ultrasound guidance to the low back:** 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): 22.

**Decision rationale:** The current request is not supported. The California MTUS indicates that trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) symptoms have persisted for more than 3 months; (3) medical management therapies, such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to controlled pain; (4) radiculopathy is not present by exam; (5) not more than 3 to 4 injections per session; (6) no repeat injections unless greater than a 50% pain relief is obtained for 6 weeks after an injection, and there is documented evidence of functional improvement; (7) frequency should not be at an interval of less than 2 months and (8) trigger point injections with any substance other than local anesthetic, with or without steroids, are not recommended. The clinical notes failed to evidence that the patient presented with trigger points with a subsequent twitch response. Guidelines do not support more than 3 to 4 injections per session, and the patient presented with documented diagnoses of radiculopathy. Given all of the above, the request for retrospective 10 trigger point injections with ultrasound guidance to the low back is neither medically necessary nor appropriate.