

<b>Case Number:</b>	CM13-0062597		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/15/2010
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/07/2013

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 57 year old female with a work injury dated 6/15/10 to her low back. Her diagnoses include lumbosacral sprain/strain with degenerative disc disease and intermittent lower extremity radiculopathy. Under consideration is a trigger point injection to the low back. There is an 11/14/13 office visit with an orthopedic surgeon that states that the patient has severe pain on the left side of her back and rib cage. She has low back and knee pain. She is depressed and has crying spells due to her medical condition affecting her daily function. On exam there is lumbosacral muscle spasticity, tenderness and pain to palpation with limited motion. There is cervical spine tenderness and pain and shoulder diffuse tenderness to palpation with restricted motion. She has slight swelling and pain in her knees. The treatment plan included awaiting an MRI report, requesting a consultation with a neurosurgeon due to extreme pain. There was a trigger point injection administered at this office visit in the left side of the lumbar spine to help alleviate pain. An 11/7/13 orthopedic initial evaluation physical exam of the lumbar spine stated that the patient had a positive left straight leg raise. There were trigger points elicited over the erector spinalis on the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIGGER POINT INJECTION TO LOWER BACK:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that radiculopathy should not be present. The MTUS Chronic Pain Guidelines also state that there should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The documentation does not indicate evidence of a twitch response. The documentation indicates a straight leg raise and signs of radiculopathy. For these reasons the request for a trigger point injection to the lower back is not medically necessary and appropriate.