

<b>Case Number:</b>	CM13-0067110		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/30/2007
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Orthopedic Surgery, was Fellowship trained in Spine Surgery, and is licensed to practice in Texas and 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:

This is a 42-year-old male patient with a date of injury of 1/30/07. The mechanism of injury was a fall. The fall resulted in a left medial tibial plateau fracture which required surgical fixation on 11/28/07 and hardware removal on 4/22/10. Medication listed for pain control was Norco twice a day as needed. Lumbar extension was 25 degrees to 30 degrees. On 9/18/13, the patient reported relief from an epidural injection. Along with the Norco, the patient started Gabapentin 600mg and Flexeril 7.5mg. On physical examination, the patient presented with minimal tenderness in the paralumbar musculature; flexion was 70 degrees and extension 15 degrees. Right and left lateral flexion was 10 degrees, straight leg raise was positive on the left and negative on the right, and pain was rated at 6/10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **THREE TRIGGER POINT INJECTIONS FOR THE LEFT PARALUMBAR AREA:**

Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state that trigger point injections are recommended only for myofascial pain syndrome, with limited lasting value. They are not recommended for radicular pain, typical back pain, or neck pain. Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome. The documentation submitted for review indicated that on 10/30/13 that there was not a diagnosis of myofascial pain, but of radicular pain. Also, there was no documentation to indicate the amount of relief from previous trigger point injections. As such, the request is non-certified.