

<b>Case Number:</b>	CM13-0067713		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/11/2006
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 and Pain Management and is licensed to practice in Florida. 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 51-year-old male who reported an injury on 01/11/2006. The mechanism of injury was not provided for review. The patient ultimately sustained an injury to his low back. The patient's treatment history included physical therapy, multiple medications, and trigger point injections. The patient's most recent clinical evaluation submitted for review was dated 09/17/2013, and it was noted that the patient had at least 50% pain relief from a previous trigger point injection. Physical findings included range of motion of the thoracic spine described as slightly restricted in all planes of motion and slightly restricted planes of motion in the lumbar spine. It was documented that the patient had multiple myofascial trigger points and taut bands throughout the thoracic and lumbar paraspinal musculature and gluteal muscles. It was noted that the patient had sensation in the posterior aspect of the right thigh and calf as well as the dorsum plantar surfaces of the right foot with decreased motor strength in dorsiflexion and absent ankle jerks bilaterally. The patient's diagnoses included chronic myofascial pain syndrome of the thoracic spine, bilateral L5 radiculopathy and right S1 radiculopathy. The patient's treatment plan included continuation of medications and home exercise program. A request was made for trigger point injections in the thoracic muscles on date of service 10/29/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective trigger injections in the thoracic muscles (DOS: 10/29/13): 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): 121.

**Decision rationale:** The clinical documentation submitted for review did not contain a physical assessment from 10/29/2013 to support the request. The Chronic Pain Guidelines recommend trigger point injections for patients who have palpable trigger points, and who have at least 50% pain relief for at least six (6) weeks, with documentation of functional improvement. The clinical documentation submitted for review does indicate that the patient previously underwent trigger point injections and received at least 50% pain relief. However, the duration of that relief and documentation of functional improvement were not provided. Therefore, retrospective trigger point injections in the thoracic muscles for date of service 10/29/2013 are not medically necessary or appropriate.