

<b>Case Number:</b>	CM13-0069938		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/01/2003
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 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 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 77-year-old male who reported injury on 04/01/2003. The physical examination of 12/04/2013 revealed the patient had tenderness, trigger points, and spasms in the cervical spine. The patient had tenderness, trigger points, and spasms at L4 through S1 bilaterally. The patient had positive straight leg raises both sitting and lying bilaterally. Diagnoses included status post right knee arthroscopic debridement for medial and lateral meniscus tears and chondromalacia as well as lumbar degenerative joint disease with herniated nucleus pulposus at L5 through S1 radiculopathy, status post arthroscopic debridement of the right knee, status post right knee total replacement, and osteoarthritis of the right hip as well as cervical degenerative joint disease and degenerative disc disease. The treatment plan included trigger point injections to the cervical spine and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A CELESTONE/XYLOCAINE/MARCAINE TRIGGER POINT INJECTION FOR THE CERVICAL AND LUMBAR SPINE PROVIDED ON 12/4/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121,122.

**Decision rationale:** California MTUS recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of Trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; Symptoms have persisted for more than three months; Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; Radiculopathy is not present (by exam, imaging, or neuro-testing). The clinical documentation submitted for review failed to indicate the patient had circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. Additionally, there was a lack of documentation indicating that medication management therapies had failed to control pain. Additionally, the patient was noted to have positive straight leg raises in the sitting and lying position. Given the above, the request for retrospective, 1cc of Celestone and 3 cc Xylocaine and Marcaine trigger point injection to the cervical spine and lumbar spine is not medically necessary.