

<b>Case Number:</b>	CM13-0071278		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	02/25/2011
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 and is licensed to practice in Illinois. 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 35-year-old male who reported an injury on 02/25/2011 due to cumulative trauma while performing normal job duties. The only physical exam provided for review is from 07/30/2013. This exam was provided by an internal medicine qualified medical examiner. It was noted that the patient had a positive helicobacter pylori antibody test, an electrocardiogram within normal limits, and no significant obstructive or restrictive ventilatory defects. The request was made for 1 injection of 5 cc of Xylocaine and 40 mg of Depo-Medrol and 1 prescription of topical medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE INJECTION OF 5CC'S OF 1% XYLOCAINE AND 40MG DEPO-MEDROL INTO THE PARAVERTEBRAL TRIGGER POINT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic Pain Medical Treatment Guidelines (May 2009), Trigger Point Injections for Chronic Pain.

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

**Decision rationale:** The requested 1 injection of 5 cc of 1% Xylocaine and 40 mg Depo-Medrol is not medically necessary or appropriate. The clinical documentation submitted for review did not provide any recent evaluation to support the request. There is no documentation of musculoskeletal issues that would require this type of injection. California Medical Treatment Utilization Schedule recommends trigger point injections for patients who have palpable trigger points with twitch responses without radiculopathy. The clinical documentation does not provide any evidence that the patient has any palpable trigger points. As such, the requested 1 injection of 5 cc of 1% Xylocaine and 40 mg of Depo-Medrol are not medically necessary or appropriate.