

<b>Case Number:</b>	CM14-0002348		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	03/03/2005
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 and Pain Medicine, 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 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 injured worker is a 63-year-old female who reported an injury on 3/3/05. The mechanism of injury was not provided. On 11/18/13, the injured worker presented with increased pain in the bilateral knees. Prior treatment included medications. Upon examination of the bilateral knees, it was positive for crepitus with passive range of motion of the knee, trace effusion, and trigger points palpating in the lumbar paraspinal muscles. Diagnoses were lumbar spondylosis, sciatic neuropathy, bilateral knee internal derangement, and bilateral knee degenerative joint disease. The provider recommended a retrospective trigger point injection for the office visit dated 11/13/13, and stated that she was responding to intra-articular injections using Hyalgan solutions and it is helping symptoms and swelling in the knee as well as improving her overall strength and flexibility for daily activities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: trigger point injection; 11/13/2013: 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 Page(s): 122.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend trigger point injections for myofascial pain syndrome with limited lasting value. It is not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of corticosteroid is not generally recommended. The criteria for use of the trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, symptoms persisting more than three months, medical management therapy such as ongoing stretching, physical therapy, and NSAIDs have failed to control pain, radiculopathy is not present, no more than 3-4 injections per section, no repeat injections unless a greater than 50% pain relief is obtained, frequency should not be at an interval less than two months, and trigger point injections with any substance other than local anesthetic with or without steroids are not recommended. The included medical documentation lacked evidence of a twitch response upon palpation as well as referred pain. There was lack of documentation that conservative care such as medicine, physical therapy, NSAIDs, and ongoing stretching has failed to control pain. Additionally, the provider's request does not indicate the site of the trigger point injection or the amount of injections being requested. As such, the request is not medically necessary.