

<b>Case Number:</b>	CM14-0008056		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 is licensed to practice in Massachusetts, New Jersey, Connecticut and Texas. 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 claimant is a 58-year-old female who was injured on October 5, 2011. The progress note dated November 1, 2013 documents "multiple myofascial trigger points and taught bands noted throughout" the cervical, thoracic, and lumbar spine. The included documents indicate that trigger point injections were performed on April 23, 2013. The subsequent examination on May 18, 2013 documents diminished sensation in both lower extremities, but a negative straight leg raise. The subsequent clinical note dated May 28, 2014 indicates that the claimant continues to give greater than 50% pain relief from the trigger point injections. The utilization review in question was rendered on December 23, 2013. The reviewer noncertified the request for trigger point injections at the cervical, thoracic, and lumbar spine. The reviewer indicates that there is a discrepancy medical opinion between the QME and the treating clinician. The QME noted that there was no real change following the previous trigger point injections. The treating clinician documents a 50% response from prior to point injections, but "does not document duration of relief or note any functional changes."

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TRIGGER POINT INJECTION (TPI) AT THE CERVICAL SPINE DOS 11/01/2013:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS.

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

**Decision rationale:** Per California MTUS, repeat trigger point injections are considered medically necessary only if pain relief is 50% or greater six weeks after injection and there is documentation of function improvement. Upon further evaluation of the documentation provided, the claimant received trigger point injections in April 2013 and proximally 5-6 weeks following that still noted greater than 50% pain relief. As such, the request is considered medically necessary as the claimant meets the criteria as outlined by the California MTUS.

**TRIGGER POINT INJECTON (TPI) AT THE THORACIC SPINE DOS 11/01/2013:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS.

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

**Decision rationale:** Per California MTUS, repeat trigger point injections are considered medically necessary only if pain relief is 50% or greater six weeks after injection and there is documentation of function improvement. Upon further evaluation of the documentation provided, the claimant received trigger point injections in April 2013 and proximally 5-6 weeks following that still noted greater than 50% pain relief. As such, the request is considered medically necessary as the claimant meets the criteria as outlined by the California MTUS.

**TRIGGER POINT INJECTON (TPI) AT LUMBAR SPINE FROM DOS 11/01/2013:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS.

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

**Decision rationale:** Per California MTUS, repeat trigger point injections are considered medically necessary only if pain relief is 50% or greater six weeks after injection and there is documentation of function improvement. Upon further evaluation of the documentation provided, the claimant received trigger point injections in April 2013 and proximally 5-6 weeks following that still noted greater than 50% pain relief. As such, the request is considered medically necessary as the claimant meets the criteria as outlined by the California MTUS.