

<b>Case Number:</b>	CM14-0009905		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/15/2010
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 34-year-old female with a reported date of injury on 01/15/2010. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include herniated nucleus pulposus at C5-6 with canal stenosis, cervical and lumbar myofascial pain, herniated nucleus pulposus with bilateral foraminal stenosis at L3-4 and L4-5, medication induced gastritis, trigger points with symptomatic improvement after trigger point injection, and right sacroilitis. Her previous treatments were noted to include physical therapy, chiropractic care, home exercise program, occasional injections back, neck, or right wrist, night time use of right wrist splint, and occasional epidural injections in the cervical spine. The progress noted dated 12/12/2013 reported the injured worker complained of pain to her back and leg rated 8/10 and rated her neck and arm at 5/10. Physical examination showed palpable right paraspinal lumbar spasms, 3 palpable muscular trigger point nodules in the right lumbar paraspinal region, and diffuse tenderness to palpation of the cervical and lumbar spine. The progress note reported 3 lumbar paraspinal muscular trigger point injections performed. The Request of Authorization Form dated 12/03/2013 is for trigger point injections to the right lumbar paraspinal musculature; however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT LUMBAR PARASPINAL MUSCULATURE TRIGGER POINT INJECTION:**  
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, Criteria for Trigger point injections, Page(s): 122.

**Decision rationale:** The injured worker has received trigger point injections on 06/26/2013. The Chronic Pain Guidelines recommend trigger point injections only for myofascial pain syndrome, with limited lasting value. The guidelines do not recommend trigger point injections for radicular pain. The guidelines criteria for the use of trigger point injections are the 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 (3) months, medical managed therapies, such as ongoing stretching exercise, physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants have failed to control pain, radiculopathy is not present by exam, imaging, or neuro testing, not more than three to four (3-4) per session, no repeat injections unless greater than 50% pain relief was obtained for six (6) weeks after injection. There is documented evidence of functional improvement, the frequency should not be at an interval of less than two (2) months and trigger point injections, with any substance other than local anesthetic with or without steroid are not recommended. There is a lack of documentation regarding the efficacy of the previous trigger point injection from 06/2013 and the injured worker reported on 07/25/2013, she had an increase in pain since the last visit. The injured worker received trigger point injections to the lumbar paraspinal musculature on 12/12/2013; however, there is no documentation reported in regards to efficacy of the previous trigger point injections. There is a lack of documentation regarding increase in function after previous trigger point injections. The documentation provided reported her activities improved with chiropractic therapy and topical analgesics. Due to the lack of documentation regarding medication efficacy and functional improvement, and due to the previous trigger point injections, it is unknown if another trigger point injection is appropriate at this time. Therefore, the request is not medically necessary.