

<b>Case Number:</b>	CM14-0009920		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/11/2011
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Occupational 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:

This is a 68-year-old male patient with a 11/11/11 date of injury. 12/16/13 progress report indicates partial relief following lumbar steroid injection, but increased pain in the left lower extremity. Physical exam demonstrates lumbar tenderness. The patient complains of worsening and persistent lumbar spine pain. 1/25/14 progress report indicates that the patient suffers from chronic low back pain with radiculopathy, pending surgery, and trigger point injections do help the chronic pain. The patient also has a history of nausea for having taken medications for a period of time. Treatment to date has included psychotherapy, medication, topical ointment, steroid injections. There is documentation of a previous 1/3/14 adverse determination because there was limited information beyond subjective complaints and lack of assessment of outcome with previous injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIGGER POINT INJECTION OF 1CC DEPO/1CC MARCAINE:** 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 Page(s): 122.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. However, there was no recent physical exam to corroborate the presence of distinct trigger points. The patient's objective functional response to previous injection was not adequately assessed in terms of quantity and duration of pain relief, increase in functional capacity, and decrease in medication consumption. It is unclear whether the patient has had trigger point injections or other injections previously. The number of sites to be injected was not identified. Therefore, the request for Trigger Point Injections of 1CC Depomedrol / 1CC Marcaine was not medically necessary.