

<b>Case Number:</b>	CM14-0107342		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/17/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 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:

Medical Records reflect an injured worker with a 1-17-13 work injury to the lumbar spine and cervical spine, jaw pain and head pain. The patient has been treated with medications, injections, chiropractic therapy, pain management, and underwent a cranial mandibular decompression and muscle rehab appliance fabrication on 5-3-14. The injured worker does not want opioid therapy and is using Duexis for pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections under ultrasound; series of three (3): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - trigger point injections.

**Decision rationale:** Current treatment guidelines reflect that trigger point injections are recommended only for myofascial pain syndrome, with documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. This procedure has limited lasting value and is not recommended for radicular pain. Medical Records reflect the

patient has radicular pain and does not have documented circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Therefore, the medical necessity of this request is not established.