

<b>Case Number:</b>	CM14-0011220		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/28/2004
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 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:

The patient is a 43-year-old female with a 12/28/04 date of injury, when she was pushing a very heavy client in a wheelchair up a ramp and hand onset of numbness, tingling, and burning in the thighs and legs. 3/26/13 Progress note documented low back pain, with tenderness on palpation, spasms, and trigger points. Trigger point injections were performed. 12/17/13 Progress note described moderate low back pain. Clinically, there was tightness in the back, tenderness to palpation, and trigger points and spasms. SLR was negative and range of motion was reduced. Neurological examination was unremarkable. Trigger point injections were performed in the lumbar spine. Treatment to date has included ESix3, PT, activity modification, lumbar decompression of L4-S1 and fusion at L5-S1, and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE TRIGGER POINT INJECTION 1 CC CELESTONE, 3 CC XYLOCAINE AND MARCAINE TO THE LUMBAR SPINE:** 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 CA MTUS 2009: 9792.24.2. (page 122). CA MTUS 2009: 9792.24.2. state that trigger point

injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. (Colorado, 2002) (BlueCross BlueShield, 2004) (page 122 Page(s): 122.

**Decision rationale:** The patient has a 2004 date of injury and has had trigger point injections in the past. MTUS criteria for trigger point injections include chronic low back with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Although the most recent note described tenderness, spasms, and trigger points, there was no further description of a specific location of circumscribed trigger points. In addition, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. There was no discussion of the extent of pain relief from the prior injections, or functional improvement. The request is not medically necessary.