

<b>Case Number:</b>	CM14-0014824		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	04/11/2011
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 & Rehabilitation and is licensed to practice in 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 injured worker is a 64-year-old male who reported an injury on 04/11/2011; the mechanism of injury was due to a slip and fall. Within the clinical note dated 08/07/2013, it was reported that the patient complained of pain in the neck and lower back that radiated into the right arm and bilaterally into the lower extremities. Patient further reported that the pain was rated a 4/10 with pins and needles, burning, and numbness of the legs. The physical exam of the lumbar spine revealed a negative straight leg raise test, normal dermatomal distribution bilaterally in the lower extremities, and 5/5 motor strength testing bilaterally in the lower extremities. The patient's diagnoses listed were bilateral upper extremity peripheral neuropathy, bilateral cubital tunnel syndrome, multilevel cervical disc herniations with central and foraminal stenosis, lumbar disc herniations with foraminal stenosis and facet arthropathy, and right shoulder rotator cuff tendinitis. Within the clinical note dated 02/03/2014, the patient reported ongoing right shoulder and lower back pain with increasing pain in the right shoulder and the patient reportedly continued to do daily home exercises. Physical exam revealed intact deep tendon reflexes, with motor and strength testing rated 5/5 bilaterally in the lower extremities. The Request for Authorization was not provided within the submitted medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 TRIGGER POINT INJECTIONS FOR THE LUMBAR SPINE:** 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 Trigger Point Injections Page(s): 122.

**Decision rationale:** The California MTUS guidelines recommend 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 documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. The employee upon physical examination lacked documentation to indicate positive trigger points of the lumbar spine and documentation did not specify whether there was evidence of a positive twitch response with referred pain. In addition, there was not an indication the request would be used to allow the employee to be capable of continuing exercises or therapy. Lastly, contrary to the guidelines criteria for recommendation, there were findings consistent with radiculopathy and contraindicates trigger point therapy by the guidelines. Therefore, the request for 6 trigger point injections for the lumbar spine is not medically necessary and appropriate.