

<b>Case Number:</b>	CM14-0019246		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	10/02/2007
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Sports Medicine, 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 51 year old male who reported an injury on 10/2/07. The mechanism of injury was not provided within the medical records. The clinical note dated 1/28/14 reported the injured worker underwent bariatric surgery on 1/8/14, had recurrent deep vein thrombosis of the right leg, and was taking Coumadin. He was doing some stretching, exercises with barbells, and resumed walking as tolerated. The physical examination revealed tenderness to the right low back muscles with limited trunk flexion causing pain to the low back muscles. He had a moderate right limp with a cane. The injured worker had a diagnosis of recurrent strain/myofascial pain of the right low back muscles which was treated with two trigger point injections with Marcaine 0.75% and lesser amount of Cortisone to the right low back, lateral to the midline, and Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 TRIGGER POINT INJECTION 0.75% OF MARCAINE AND CORTISONE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**Decision rationale:** The injured worker has a history of low back pain, knee pain and bariatric surgery. The California MTUS Chronic Pain Medical Treatment Guidelines 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 there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain when symptoms have persisted for more than three months, and medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. The guidelines note radiculopathy should not be present (by exam, imaging, or neuro-testing) and not more than 3-4 injections should be performed per session. Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The injured worker had myofascial pain to his right lower back; however, there was a lack of documentation showing evidence of myofascial pain with twitch response and referred pain. The site at which the requested injections are to be performed was unclear within the submitted request. As such, the request is not medically necessary.