

<b>Case Number:</b>	CM14-0115367		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/09/2003
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2014

### 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 Family Practice 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 61 year old male claimant who sustained a work injury on 8/19/53 involving the low back and left hip. He was diagnosed with chronic back pain with myalgia. He had undergone a lumbar laminectomy and developed post-laminectomy syndrome. He had been on opioids for pain management. A progress note on 6/19/14 indicated the claimant had 9/10 back pain. Exam findings were notable for paralumbar muscle spasms and decreased range of motion. The treating physician requested latissimus dorsi trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection with ultrasound at the left latissimus dorsi muscle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 2.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the claimant had been receiving opioids for back pain which have more lasting benefit for pain. Although trigger point

injections provided in 2013 may have been beneficial, the claimant continued to require opioids. The request therefore is not medically necessary for a Lattisimus Dorsi trigger point injection.