

<b>Case Number:</b>	CM14-0118818		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/02/2003
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 66-year-old male who reported an injury on 09/02/2003. The mechanism of injury was not provided for clinical review. The diagnoses included chronic low back pain, chronic neck pain, history of left knee arthroscopic surgery, degenerative lumbar disc disease, lumbar facet joint arthropathy, and left plantar fasciitis. Previous treatments included medication, surgery, stretching and exercise, ice and heat. Within the clinical note dated 05/06/2014, it was reported the injured worker complained of pain which he rated 7/10 to 8/10 in severity. Upon the physical examination the provider noted the injured worker had neck pain at the C4-5 level. The provider indicated the injured worker had tenderness to palpation of the cervical spine at C4-5. The provider indicated the injured worker also had tenderness to palpation of the lumbar spine. The request submitted is for 1 deep lumbar fascia trigger point injection without ultrasound. However, the rationale is not provided for clinical review. The Request for Authorization form is not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Deep Lumbar Fascia Trigger Point Injections With Ultrasound: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain treatment Guidelines; Tigger Point Injections. Decision based on Non-MTUS Citation The Online Occupational Disability Guidelines (ODG) [http://www.odg-twc.com/odgtwc/low\\_backhtm](http://www.odg-twc.com/odgtwc/low_backhtm); regarding trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections, page(s) 122 Page(s): 122.

**Decision rationale:** The request for 1 deep lumbar fascia trigger point injection without ultrasound is not medically necessary. The California MTUS Guidelines recommend lumbar trigger point injections only for myofascial pain syndrome with limited lasting value, though it is not recommended for radicular pain. Trigger point injections with a local anesthetic may be recommended for treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met including documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Symptoms have persisted for more than 3 months. Medical management therapy such as ongoing stretching, exercise and physical therapy, NSAIDS and muscle relaxants have failed to control pain. Radiculopathy is not present. No more than 3 to 4 injections per session. No repeat injections unless greater than 50% pain relief is obtained for more than 6 weeks after an injection and there is documented evidence of functional improvement. There is lack of documentation indicating the injured worker has tried and failed on physical therapy, NSAIDS or muscle relaxants. There is lack of objective findings indicating the injured worker had evidence of a twitch response upon palpation. Therefore, the request is not medically necessary.