

<b>Case Number:</b>	CM14-0120679		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/25/2011
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 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 patient is a 57 year old female who sustained an industrial injury on 10/25/2011. She is diagnosed with lumbar strain, quadratus lumborum pain and ligament and muscle strain and spasm. Treatment has included medication, chiropractic, and trigger point and ligament injections. The patient presented for follow up evaluation on 6/25/2014. She reports continued aching pain into the lumbar spine, the same as from previous exams, which radiates to the knee, rated 5-9/10. Chiropractic care, rest, medications, therapy, trigger point, and ligament injections help to alleviate pain. Repetitive activities and sitting, standing, and walking worsens pain. She is not requesting refill of medications. Physical examination documents normal gait, tenderness of paraspinals, limited lumbar motion due to pain, negative SLR, and neurologically intact examination of the lower extremities. Diagnostic impression is lumbar ligament muscle strain and spasm, multiple trigger points in lumbar spine. The patient was injected in the bilateral paraspinal ligaments of the L2-L3, L3-4, and L5-S1 with 2% lidocaine. According to the 7/9/2014 progress report, the patient complains of continue dull aching pain in the lumbar spine that is worse from previous exams, it radiates to the left lower leg, rated 5-9/10. She is not requesting refill of medications. Physical examination findings are unchanged from the findings documented in the previous 6/25/2014 progress report. The patient was administered 2% lidocaine injections to the L2-3, L3-4 and L5-S1. She was also administered Toradol injection of 60 mg to the left gluteus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Request: Trigger Point Injections QTY:7 (Date of Service 06/25/2014):**  
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:** According to the CA MTUS guidelines, trigger point injection is recommended only for myofascial pain syndrome as indicated below, with limited lasting value. 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 several criteria have been met, which are: (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. The 6/25/2014 medical report does not provide documentation of a circumscribed trigger point with evidence of palpation of a twitch response as well as referred pain, with symptoms persisting for at least 3 months. The patient complains of radicular low back pain to the knee. In addition, no more 3-4 injections are recommended per session. Given these factors, the medical records fail to establish the medical necessity of retrospective request for multiple trigger point injections administered on 6/25/2014.