

<b>Case Number:</b>	CM14-0135927		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	03/20/2012
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Medicine and is licensed to practice in Utah. 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 54 year-old female with a date of injury of 3/20/2012. The mechanism of injury is not stated. The patient has been diagnosed with lumbar facet disorder, lumbar radiculopathy, chronic low back pain, cervical thoracic spine pain, lumbago, bilaterally sciatica, and bilateral hip pain. The patient's treatments have included physical therapy, aquatic therapy, chiropractic sessions, acupuncture, imaging studies, and medications. The physical exam findings dated 4/22/2014 show positive spasm and tenderness, +PL (illegible) with mobility, and positive straight leg raise, with hamstring tightness. The request is for a Trigger Point injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection with Lidocaine and Celestone to lumbar/SI joint:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines: Pain Chapter: Injections

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

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a Trigger Point injection. There is lack of documentation of a twitch response or referred pain for which a trigger point injection is

indicated at the SI joint. According to the clinical documentation provided and current MTUS guidelines, a trigger point injection is not indicated as a medical necessity to the patient at this time. Therefore, the request is not medically necessary.