

<b>Case Number:</b>	CM14-0146354		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Orthopedic Surgery 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:

54-year-old female claimant with reported industrial injury of October 18, 2012. The patient is status post left knee ACL surgery on June 5, 2012 as well as a right knee arthroscopy with partial medial and lateral meniscectomy, partial synovectomy and chondroplasty of lateral femoral condyle 11/7/2013. Exam note July 31, 2014 demonstrates neck pain is more pronounced. Objective findings include that the patient is noted to be in moderate distress, anxious and frustrated. Diagnosis is made of right ankle sprain with possible instability as well as multilevel lumbosacral disc bulge with radiculopathy. Gait is noted to be antalgic and the patient uses an assistive device for ambulation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for TPI (Trigger Point Injection) for the service date of 8/12/14:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections. Decision based on Non-MTUS Citation The Online Official Disability Guidelines (ODG); ([http://www.odg-twc.com/odgtwc/low\\_back.htm](http://www.odg-twc.com/odgtwc/low_back.htm))

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122 states, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. In this case the exam notes from 7/31/14 demonstrate no evidence of myofascial pain syndrome and the claimant has evidence of radiculopathy. Therefore the determination is for non-certification.

**Retrospective request for Marlido Injection Kit for the service date of 8/12/14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation DailyMed  
<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=e942a88a-7cb1-4c99-b70f-4c48994bb84e>

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the request for the trigger point injection is not medically necessary, the agents used in the trigger point, the Marlido injection kit, is non-certified.