

<b>Case Number:</b>	CM14-0153666		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 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:

According to the records made available for review, this is a 58-year-old male with a 9/20/13 date of injury. At the time (9/12/14) of Decision for Trigger Point Injections, Date of Service 08/21/2014, there is documentation of subjective (right upper extremity pain, lumbar spine pain, and bilaterally leg pain with bending) and objective (tenderness to palpitation over the paraspinous musculature, muscle spasms in the lumbar spine, abnormal toe to heel walk bilaterally, decreased sensation in the lateral thing to the foot dorsally and bilaterally, and decreased muscle strength with plantar flexion and toe extension bilaterally) findings, imaging findings (magnetic resonance imaging (MRI) of the lumbar spine (8/20/14) report revealed mild degenerative thinning and disc dislocation at the L3-4 and L4-5 levels; mild hypertrophic facet changes were notes at the L4-5 without any nerve root impingement; and disc bulge at the L5-S1 level), current diagnoses (thoracic/ lumbosacral neuritis/radiculitis and disc disorder of the lumbar region), and treatment to date (not specified). There is no documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; that radiculopathy is not present (by exam), and no more than 3-4 injections per session.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injections DOS 08/21/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Additionally MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. Within the medical information available for review, there is documentation of diagnoses of thoracic/lumbosacral neuritis/radiculitis and disc disorder of the lumbar region. In addition, there is documentation that symptoms have persisted for more than three months. However, there is no documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; and no more than 3-4 injections per session. In addition, given documentation of objective (decreased sensation in the lateral thigh to the foot dorsally and bilaterally and decreased muscle strength with plantar flexion and toe extension bilaterally) findings, there is no documentation that radiculopathy not present (by exam). Therefore, based on guidelines and a review of the evidence, the request for Trigger Point Injections DOS 08/21/2014 is not medically necessary.