

<b>Case Number:</b>	CM14-0179748		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	01/29/2004
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, wrist, and elbow pain reportedly associated with an industrial injury of January 29, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; epidural steroid injection therapy; earlier cervical fusion surgery; unspecified amounts of physical therapy; unspecified amounts of aquatic therapy; unspecified amounts of acupuncture; and earlier trigger point injection therapy. In a Utilization Review Report dated October 1, 2014, the claims administrator denied a request for trigger point injection therapy. In a progress note dated October 7, 2014, the applicant presented to appeal the previously denied trigger point injections. Ongoing complaints of neck and low back pain were noted. The applicant reported radiation of pain from the low back to the bilateral lower extremities and radiation of neck pain to the bilateral upper extremities. It was acknowledged that the applicant had had previous trigger point injections on September 23, 2014. The attending provider stated that the applicant had palpable tenderness points about the lumbar region as well. The attending provider posited that the applicant have been able to temporarily reduce consumption of medications. However, the applicant was still using Norco, Wellbutrin, and naproxen for pain relief. Additional trigger point injections were sought, along with psychological testing. The applicant's work status was not clearly stated. In an earlier noted dated September 23, 2014, the applicant again reported ongoing complaints of neck pain radiating into the bilateral upper extremities and low back pain also radiating into the bilateral lower extremities, left greater than right. The applicant was given a primary diagnosis of lumbar radiculitis with secondary diagnoses including cervical radiculitis, carpal tunnel syndrome, and elbow epicondylitis. In the past medical history section of the note, it was stated that the applicant was off of work, receiving both State Disability Insurance (SDI) and Social Security Disability Insurance (SSDI).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injection Left Paraspinal and Quad Lumborum QTY: 1:** Upheld

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

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

**Decision rationale:** As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are "not recommended" in the treatment of radicular pain, as is present here. The applicant's primary pain generators are, in fact, neck pain radiating into the bilateral upper extremities status post earlier cervical fusion surgery and chronic low back pain radiating into the bilateral lower extremities status post multiple lumbar epidural steroid injections. The applicant, however, has already received earlier trigger point injections, despite the unfavorable MTUS position on trigger point injections in the radiculopathy context present here. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement through the prior trigger point injection. The applicant remains off of work. The applicant is receiving both Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits. The applicant remains dependent on a variety of analgesic and adjuvant medications, including Norco, naproxen, Wellbutrin, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier trigger point injections. Therefore, the request for repeat trigger point injections is not medically necessary.