

<b>Case Number:</b>	CM14-0022021		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	12/30/2011
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Nevada. 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 injured worker is a 47-year-old male who was reportedly injured on December 30, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 2013, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a decrease in lumbar spine range of motion, normal motor and normal sensory. There was no notation of any specific trigger points. Diagnostic imaging studies reported a minor disc lesion at L4-L5 and L5-S1. Electrodiagnostic studies reported a normal study and no evidence of a lumbar radiculopathy. Previous treatment included conservative interventions, chiropractic care, medications and epidural steroid injections. A request had been made for trigger point injections and was not certified in the pre-authorization process on February 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIGGER POINT INJECTION TIMES (4) AT THE LEFT L5 LEVEL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122 of 127.

**Decision rationale:** When noting there was no current clinical examination presented for review and the medical records only support data from more than 18 months prior, there is no objectification of a trigger points malady that would respond to such injections. Furthermore, the request is in excess of 4 injections and is not medically necessary.