

<b>Case Number:</b>	CM14-0029017		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/05/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 56-year-old female who reported an injury on 04/05/2012. She was pulling bread out when 5 boxes fell on her, injuring her neck and back. On 02/25/2014, the injured worker presented with pain and discomfort involving the neck and low back. Upon examination, there was decreased cervical and lumbosacral range of motion, motor strength 5/5 in both upper and lower extremities, and a positive straight leg raise. There was also a positive Tinel's and Phalen's test. The diagnoses were cervical and lumbosacral sprain/strain injury, lumbosacral disc injury, cervical radiculopathy, and myofascial pain syndrome. Previous treatment included medications. The provider recommended trigger point injections x4, the provider's rationale was not provided. The Request for Authorization form was dated 01/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection x 4 (unspecified body part): 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 Page(s): 122.

**Decision rationale:** The request for a trigger point injection x4 to an unspecified body part is not medically necessary. The California MTUS Guidelines recommend lumbar trigger point injections only for myofascial pain syndrome, as indicated with limited lasting value, and is not recommended for radicular. Trigger point injections with local anesthetic may be recommended for the treatment of chronic low back or neck pain, with myofascial pain syndrome when all of the following criteria are met, documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain, symptoms persisting for more than 3 months, medical management therapies such as physical therapy and medications failed to control pain, radiculopathy not present, no more than 3 or 4 injections per session, and no repeat injections unless greater than 50% pain relief is obtained for 6 weeks after the injection, and there is documented evidence of functional improvement. The included documentation indicates that the injured worker has a positive straight leg raise, and no evidence upon palpation of a twitch response or referred pain. There is a lack of documentation that conservative therapies such as medication and physical therapy has failed to control pain. Additionally, the provider's request does not indicate the site that the trigger point injections were intended for in the request as submitted. As such, the request is not medically necessary.