

<b>Case Number:</b>	CM14-0036294		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/20/2013
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 54 year-old male with a date of injury of 06/20/2013. The listed diagnoses per [REDACTED] are lumbar spine strain/strain with ride side radiculopathy. According to progress report 02/04/2014 by [REDACTED], the patient presents with low back and leg pain. Examination revealed positive trigger points noted over the right posterior lateral pelvic brim. The treater is requesting a trigger point injection to the right postrior lateral pelvic brim. Utilization review denied the request on 03/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection right posterior lateral pelvic brim:** 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 MTUS Guidelines page 122 under its chronic pain section has the following regarding trigger point injections, recommended only for myofascial pain syndrome with limited lasting value, not recommended for radicular pain. Guidelines further state that all

criteria need to be met including documentation of trigger points (circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain), symptoms persist for more than 3 months, medical management therapy, radiculopathy is not present, no repeat injections unless a greater than 50% relief is obtained for 6 weeks, etc. This patient presents with low back and leg pain with positive trigger points noted over the right posterior lateral pelvic brim. The treater is requesting a trigger point injection over the right posterior lateral pelvic brim. In this case, there was no evidence of twitch response or taut bands as required by Guidelines. Furthermore, the patient has ride sided radiculopathy. MTUS Guidelines do not recommend trigger points when radiculopathy is present. The request for Trigger Point Injection to the right lateral pelvic brim is not medically necessary.