

<b>Case Number:</b>	CM14-0037910		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/09/2009
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 ABFP 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 31 yr. old male patient sustained a work related injury on 3/9/09 involving the low back and was found to have a L4-L5 disc protrusion. He has undergone 4 spine surgeries and was diagnosed with post-laminectomy syndrome, and sciatica. His had taken oral analgesics and anti-inflammatories for pain. He also underwent three lumbar epidural steroid injections without benefits and a spinal cord stimulator implantation in March 2013 without any long-term benefits. A pain management visit on March 3, 2014 indicated the patient had continued muscle spasms and had completed a functional restoration program. Physical findings were notable for an antalgic gait, spasms and trigger points in the lumbar region, and an unremarkable neurologic exam. The physician recommended trigger point injections in the lumbar spine to aid with a spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR TP1 L5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-309.

**Decision rationale:** According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable married. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The request therefore is not medically necessary for a lumbar trigger point injection.