

<b>Case Number:</b>	CM14-0068338		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	09/02/2010
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 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 injured worker is a 51-year-old male who reported injuries after falling off a ladder on 09/02/2010. On 04/17/2014, his diagnoses included joint pain, ankle; and status post ORIF, right medial malleolar displaced fracture. His complaints include right lower extremity pain rated 4/10 to 5/10. He stated that his medications were controlling some but not all of his pain symptoms. He understood that all of his symptoms would not be completely eliminated by pain medications. Most of his pain was in the lateral aspect of his right ankle, and he felt that ketoprofen was helping with his pain level and allowed him to be more functional. His right ankle dorsiflexion was 5 degrees, and plantarflexion was 20 degrees. He was able to stand on his toes with both feet, but unable to stand on his toes just with the right leg. The treatment plan recommendation included an ultrasound guided right ankle injection with steroids to reduce pain. A Request for Authorization dated 04/18/2010 was included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection to right ankle:** Upheld

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

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

**Decision rationale:** The request for trigger point injection to the right ankle is not medically necessary. The California MTUS Guidelines note that trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back pain or neck pain with myofascial pain syndrome, when all of the following criteria are present: there must be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than 3 months; medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain; radiculopathy is not present; not more than 3 to 4 injections per session. Trigger injections with any substance other than a local anesthetic with or without steroid are not recommended. Trigger point injections are recommended for low back or neck pain. There was no evidence upon palpation of a twitch response, as well as referred pain. Trigger point injections are not recommended for the ankle. The guidelines do not support this request. Therefore, this request for trigger point injection to the right ankle is not medically necessary.