

<b>Case Number:</b>	CM14-0093823		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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, and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 61 year old female who sustained a work injury on 1-18-13. This claimant has been provided with bilateral L5 transforaminal epidural steroid injection, medications, physical therapy, sacroiliac joint injections. Letter dated 5-21-14 notes that the trigger point injections are not to treat radicular pain but to treat her localized pain in the buttocks. She is very tender to palpation of the piriformis, as well as palpation recreating her localized buttock pain. She also has positive piriformis maneuvers bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Trigger Point Injection with ultrasound:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation, 2014 web-based edition.  
[http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html)

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines notes that trigger point injections are recommended when there is documentation of circumscribed trigger points with

evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance. Medical Records reflect this claimant is very tender to palpation of the piriformis, as well as palpation recreating her localized buttock pain. She also has positive piriformis maneuvers bilaterally. However, there is an absence in documentation noting that this claimant has circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Therefore, the medical necessity of this request is not established.