

<b>Case Number:</b>	CM13-0031315		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	06/25/2001
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 57-year-old female with date of injury of 06/25/2001. Per report on 09/11/2013, this patient presents with low back pain, bilateral hip, bilateral foot pains, status post multilevel lumbar fusions, bilateral plantar fascial disease, tarsal tunnel releases. The patient presents with worsening symptoms on this date. Examination is remarkable for moderate lumbar paraspinal muscle spasm, sacroiliac joint tenderness to palpation. The treating physician lists diagnoses: 1. Status post multiple lumbar fusions. 2. Lumbar discogenic disease. 3. Chronic low back pain. 4. Status post bilateral plantar fascial disease. 5. Status post bilateral tarsal tunnel releases. Recommendation is for lumbar spine trigger point injections x2. Treating physician's report 07/31/2013 is also reviewed. Examination findings are identical to the other report with moderate lumbar paraspinal muscle spasms, left-sided SI joint tenderness to palpation. Again, lumbar spine trigger point injections are recommended for treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar trigger point injections X 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
ESIs Page(s): 46, 47.

**Decision rationale:** This patient presents with chronic low back pain with multiple lumbar surgeries including fusion. The request is for trigger point injections x2. Review of the reports from 07/13/2013, 09/11/2013 shows that this patient has persistent moderate to severe pain bilaterally in the low back. Examination is remarkable for spasms and tenderness to palpation. MTUS Guidelines page 122 states that trigger point injections are recommended only for myofascial pain syndrome with documentation of "circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain". In this patient, there is no documentation of myofascial pain syndrome. There is no documentation of "myofascial tender spots" characterized by circumscribed trigger points with evidence of twitch response and referred pain. What the treating physician is describing is generalized pain with spasms and palpatory tenderness. Recommendation is for denial.