

<b>Case Number:</b>	CM14-0174594		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	08/17/2009
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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. 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: North Carolina, New York, Missouri  
 Certification(s)/Specialty: Internal Medicine, Nephrology

### 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 33-year-old female who has submitted a claim for thoracic spine contusion/sprain and lumbar spine contusion/sprain associated with an industrial injury date of August 17, 2009. Medical records from 2013 - 2014 were reviewed. The patient complained of low back pain radiating to the left lower extremity associated with tingling and numbness. Aggravating factors included bending, lifting, and prolonged sitting and standing. Physical examination of the lumbar spine showed limited motion, positive straight leg raise test bilaterally, positive Lasegue test, and hypesthesia over her left L4 to S1 dermatomes. Severe myospasm and tenderness were noted at paralumbar muscles. There were circumscribed paravertebral trigger points and positive twitch response over the parathoracic and paralumbar areas. Treatment to date has included lumbar fusion surgery, orthosis, trigger point injections, physical therapy and medications. The utilization review from October 2, 2014 denied the request for outpatient two steroid trigger injections because classic triggering response was not demonstrated based on the medical record submitted. Response from previous trigger point injections was also not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 Steroid Trigger Injections to the Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2014 Web Based Edition

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

**Decision rationale:** As stated on page 122 of the California MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections (TPIs) are recommended only for myofascial pain syndrome. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. All of the following criteria should be met: documentation of circumscribed trigger points; symptoms have persisted for more than three months; medical management therapies have failed to control pain; not more than 3-4 injections per session; radiculopathy is not present; 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; and frequency should not be at an interval less than two months. In this case, the patient complained of low back pain radiating to the left lower extremity associated with tingling and numbness. Aggravating factors included bending, lifting, and prolonged sitting and standing. Physical examination of the lumbar spine showed limited motion, positive straight leg raise test bilaterally, positive Lasegue test, and hypesthesia over her left L4 to S1 dermatomes. Severe myospasm and tenderness were noted at paralumbar muscles. There were circumscribed paravertebral trigger points and positive twitch response over the parathoracic and paralumbar areas. The patient underwent previous trigger point injections however response to therapy was not documented. The guideline criterion for a repeat injection has not been met due to insufficient documentation. Therefore, the request for 2 steroid trigger injections to the lumbar spine is not medically necessary.