

<b>Case Number:</b>	CM14-0194269		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	03/18/2010
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Internal Medicine, 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 (IW) is a 35-year-old man with a date of injury of March 18, 2010. The mechanism of injury was not documented in the medical record. Pursuant to the handwritten Primary Treating Physician's Progress Report (PR-2) dated October 30, 2014, there were no subjective complains documented. In the subjective complaints section, the provider documents that the IW had an MRI of the lumbar last month. He is going to physical therapy for problems of the back. Objective physical findings reveals radiating pain down the back to the left leg. MRI: Degenerative disc disease (DDD). Current working diagnoses include neuritis, and pain in limb. Current medications were not documented. Treatment plan documentation includes: Patient here for 45 days follow-up. Going to PT for DDD back and radiculitis of the left leg/back. The IW is not working due to back pain. The authorization request is for 4 Trigger Point Injections for the back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injections x 4 to the back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Trigger Points Injections

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, trigger point injections times four to the back are not medically necessary. The guidelines state trigger point injections are not recommended in the absence of myofascial pain syndrome. The criteria for the use of trigger point injections are enumerated in the ODG. The criteria include, but are not limited to, documentation of circumscribed trigger points with evidence upon palpation of which response as well as referred pain; medical management therapies such as stretching, physical therapy and anti-inflammatories have failed to control pain, etc. see guidelines for further details. In this case, the injured worker has multiple progress notes in the medical record. The physical examination of the back states there is spinous muscle spasm with mild decreased extension. There is no evidence of trigger points. The injured worker was referred to an orthopedic surgeon on September 29, 2014. There were no trigger points noted on that physical examination. There was, however, tenderness present. On October 17, 2014, there was mild tenderness in the lumbar spine with decreased range of motion. Again, there were no trigger points noted on physical examination. Additionally, the requesting physician was a podiatrist who also happened to be the primary care treating physician. Consequently, in the absence of appropriate physical findings, Trigger Point Injections to the back times 4 are not medically necessary.