

<b>Case Number:</b>	CM14-0194858		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	10/06/2009
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/17/2014
<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 Physical Medicine & 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 patient is a 48 year old female with date of injury 10/06/09. The treating physician report dated 7/27/14 indicated that the patient presents with pain affecting her left knee, neck, and back. The physical examination findings reveal straight leg raises (SLR) positive on the left side and reflexes are 2+ bilaterally and symmetric. Prior treatment history includes lumbar epidural injection, TENS unit, psychotherapy, and acupuncture. MRI findings from 11/17/09 reveal L5-S1 disc bulge and facet arthropathy. The current diagnoses are lower back pain; chronic pain; knee pain; lumbosacral or thoracic neuritis; and lumbar radiculopathy. The utilization review report dated 10/17/14 denied the request for Trigger Point Injections based on patient having a recent injection and presence of radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections:** 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), Trigger Point Injections

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

**Decision rationale:** The patient presents with pain affecting her left knee, neck, and back. The current request is for trigger point injections. The treating physician states that the patient has had multiple epidural injections in the past, which did give some relief and helped the patient reduce medication intake. Regarding trigger point injections, the MTUS guidelines state, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." In this case, the treating physician has diagnosed the patient with radiculopathy. The MTUS guidelines criteria stated, "Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." There was no documentation provided indicating that a trigger point was identified. Therefore, this request is not medically necessary.