

<b>Case Number:</b>	CM14-0195950		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	06/15/2011
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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. The expert reviewer is Board Certified in Physical Medicine Rehab 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 claimant is a 43-year-old male who sustained a work related injury to his low back on 6/5/11. The attending physician report dated 8/4/14 indicates that the claimant has complaints of low back pain radiating to his right buttock and right lower extremity. He is currently awaiting spine surgery evaluation. He is currently taking Gabapentin for neuropathic pain, Percocet for pain, Duexis for pain, and Colace for opiate related constipation. Examination findings include focal tenderness right lower back and right lateral buttock. Hypoesthesias in the right lower extremity in the L4/L5 distribution. Positive straight leg raise (SLR). The current diagnoses are: 1. Lumbar degenerative disc disease (DDD)2. Lumbar facet3. Lumbar radiculopathy4. Acute musculoskeletal pain, right low backThe utilization review report dated 10/23/14 denied the request for trigger point injection; Toradol/Xylocaine, DOS: 9/22/14 based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection; Toradol/Xylocaine, DOS: 9/22/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

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

**Decision rationale:** The claimant presents with persistent lower back pain with radiculopathy into the right buttock and right lower extremity. The current request is for Trigger point injection; Toradol/Xylocaine, DOS: 9/22/14. In reviewing the records from the attending physician, it is noted that the claimant is diagnosed with radiculopathy. It is also noted that examination findings include decreased sensation in the right lower extremity, with a positive straight leg raise (SLR) and focal tenderness in the back and right buttock. The physician does not mention trigger point or twitch sign. He also indicates radiculopathy with positive nerve tension signs. The MTUS guidelines on page 122 have specific criteria which must be met for trigger point injections. The patient must have trigger point with evidence of twitch response, and radiculopathy must not be present. The criteria for trigger point injection is not met based on MTUS guidelines.