

<b>Case Number:</b>	CM14-0204912		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	06/18/2014
<b>Decision Date:</b>	02/26/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

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

58-year-old male injured worker who sustained a recent low back injury in June, 2014. The progress note indicates the primary diagnosis is low back pain. The mechanism of injury is noted as pushing a barrel, the left lower extremity slipped causing pain in the low back. Treatment to date has included medications, topical heat/cold, physical therapy and enhanced imaging studies. Electrodiagnostic studies were completed (noting a peripheral diabetic neuropathy) as well. The physical examination noted a 5 foot 10, 255 pound individual in no reported distress. The musculoskeletal examination of the lumbar spine reported no tenderness to palpation, some guarding, point tenderness on the left, and a positive straight leg raise. The low back complaints continued through December, 2014 and no specific physical examination findings are reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound Guided Cortisone single or multiple Trigger Point Injections 1-2 muscles low back:** Upheld

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

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

**Decision rationale:** With regard to trigger point injections, the MTUS CPMTG states: Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. "Criteria for the use of Trigger point injections: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) 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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. (Colorado, 2002) (BlueCross BlueShield, 2004)". While there is a peripheral neuropathy noted, there is no evidence of a radiculopathy. It is noted the symptoms have lasted more than three months. The medical records submitted for review do not contain documentation of circumscribed trigger points. The most recent progress note does not document any objective trigger point with a twitch response to palpation. Therefore, since the first criterion is not met, the clinical necessity of this procedure is not supported in progress notes reviewed.