

<b>Case Number:</b>	CM14-0206699		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	10/24/2007
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of October 24, 2007. In a Utilization Review Report dated November 12, 2014, the claims administrator failed to approve four trigger point injections apparently performed on October 16, 2014. The claims administrator contented that the request in question represented a request for repeat trigger point injection therapy and that the applicant had failed to demonstrate improvement with earlier injections. The applicant's attorney subsequently appealed. In an October 16, 2014 progress note, the applicant reported 6/10 low back pain with numbness about the bilateral lower extremities. The attending provider stated that trigger point injections consistently provided up to a week of pain relief. It was stated that the applicant was working as a deputy sheriff and was using tramadol, Norco, Fexmid and Naprosyn for pain relief. Multiple medications were renewed. Multiple trigger point injections were performed in the clinic setting. The attending provider acknowledged in the diagnoses section of the report that the applicant did have left lower extremity lumbar radiculopathy complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Four Trigger point injections 10/16/14: 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 topic Page(s): 122.

**Decision rationale:** As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended in the treatment of radicular pain. Here, the applicant's primary pain generator is, in fact, left lower extremity and lumbar radiculopathy. The applicant presented on October 16, 2014, with ongoing complaints of low back pain radiating to bilateral lower extremities and numbness about the bilateral feet. Trigger point injections, thus, were not indicated in the radicular pain context present here. Therefore, the request was not medically necessary.