

<b>Case Number:</b>	CM14-0209318		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	03/25/2009
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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, has a subspecialty in Pain 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:

This is a patient with a date of injury of 3/25/09. A utilization review determination dated 12/3/14 recommends non-certification/modification of 3 trigger point injections. 12/10/14 medical report identifies pain 7/10. The provider notes that trigger point injections were denied. The patient reported complete resolution of leg symptoms with gluteal bursal injections for 1 month. He does not obtain any significant relief of back symptoms with stretching. On exam, the patient has right-sided quadratus lumborum tenderness 3-4+ with palpation with a taut band and twitch response with stimulation. Provider recommended trigger point injections x 3 every 2-3 weeks to the right quadratus lumborum muscle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Three Trigger point injections:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections.

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

**Decision rationale:** Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative

treatment provided trigger points are present on physical examination. Repeat injections are supported only when there is greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement, with an interval of at least two months between injections. Within the documentation available for review, the provider clarified that there are trigger points on exam despite conservative treatment. There are no radicular symptoms/findings. Therefore, trigger point injections appear to be indicated, although repeat injections would only be supported if the criteria outlined above are met after the initial injections. In light of the above, the requested trigger point injections are medically necessary.