

<b>Case Number:</b>	CM15-0108932		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	01/15/1997
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 injured worker is a 49 year old female, who sustained an industrial injury on 01/15/1997. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post lumbar spine surgery times four with fusion from lumbar one through five, post-operative infection, and failed pain pump. Treatment and diagnostic studies to date has included x-rays of the lumbosacral spine, laboratory studies, medication regimen, status post surgery of the lumbar spine times four, trigger point injections with an unknown quantity, and implantation of a pain pump. In a progress note dated 05/20/2015, the treating physician reports complaints of pain to the back and leg with the left greater than the right. Examination reveals spasms to the lumbar paraspinal muscles; trigger points at lumbar five, bilateral sciatic, iliac crest, and lumbar paraspinal muscles; decreased range of motion to the lumbar spine; and decreased sensation to the foot. The treating physician noted x-rays performed on 04/09/2015 that was revealing for degenerative joint disease at the sacroiliac joint and bilateral hips. The treating physician requested trigger point injections under ultrasound guidance for acute pain flare up with spasm, noting that prior trigger point injections assisted with flare-ups and muscle spasms in the past. However, the documentation did not indicate the effectiveness of the prior trigger point injections with regards to functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injection under ultrasound guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

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

**Decision rationale:** Trigger point injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. Criteria for use of trigger point injections are as follows: (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. In this case, there is no documentation of circumscribed trigger points with twitch response. Trigger point injections are not indicated. The request is not medically necessary.