Case Number:	CM15-0016445		
Date Assigned:	02/03/2015	**Date of Injury:**	09/01/1997
Decision Date:	04/08/2015	**UR Denial Date:**	01/13/2015
Priority:	Standard	**Application Received:**	01/27/2015

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: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 72 year old female, who sustained an industrial injury on September 1, 1997. The diagnoses have included degenerative cervical disc disease/stenosis with radiculopathy, degenerative lumbar disc disease/stenosis/spondylosis with radiculopathy, and myofascial pain syndrome. Treatment to date has included deep tissue massage, trigger point injections and medication. Currently, the injured worker complains of neck and low back pain. She rates the pain a 3 on a 10-point scale and reports that deep tissue massage has been helpful. She reports that trigger point injections have made a difference as well. On examination, the injured worker has normal contour of the lumbar and cervical spine. On palpation, there are discrete multiple trigger points over the neck, posterior shoulders and low back. Motor and sensation are intact and her balance remains decreased. The evaluation physician recommended trigger point injections over the right and left upper trapezius, scapular and lumbar regions to treat myofascial pain. The evaluating physician noted that previous trigger point injections on 11/17/2014 decreased the injured worker's pain up to 50% and increased her functional activities of daily living and exercises. The estimated length of benefit from her previous injection was six weeks. On January 13, 2015 Utilization Review non-certified a request for trigger point injections 4 units on December 29, 2014, noting that the guidelines recommend trigger point injections for myofascial pain syndrome and are not recommended for radicular pain, no repeat injections are recommended unless there is a 50% pain relief for six weeks after initial injection and there is no documented functional improvement from previous injections. The California Medical Treatment Utilization Schedule was cited. On January 27, 2015, the injured worker

submitted an application for IMR for review of trigger point injections 4 units on December 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Trigger point injections 4 units DOS 12/29/14: 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 Trigger Point Injections Page(s): 122.

Decision rationale: MTUS recommends repeat trigger point injections if greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement. In this case functional improvement is documented in general or subjective terms but not in verifiable terms such as per CAMTUS Section 92.20. The records and guidelines do not support this request. The request is not medically necessary.