

<b>Case Number:</b>	CM15-0133387		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	08/31/2011
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 37 year old male, who sustained an industrial injury on 8/31/2011. Diagnoses include lumbosacral spondylosis, lumbar post laminectomy syndrome, lumbar disc displacement without myelopathy and long term use of medications NEC. Treatment to date has included surgical intervention (lumbar spine, undated) as well as conservative measures including diagnostics, medications, transcutaneous electrical nerve stimulation (TENS), and epidural steroid injection (5/12/2015). Per the Primary Treating Physician's Progress Report dated 5/29/2015, the injured worker reported low back pain reduced by 40% and he is no longer experiencing numbness going down the right lower extremity. He is less reliant on medications. Physical examination revealed spasm and guarding of the lumbar spine. The plan of care included medications and follow up care. Authorization was requested for right paraspinal trigger point injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right paraspinal trigger point injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 300.

**Decision rationale:** According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The claimant had a TENS unit and ESI. Additional invasive procedures are not warranted as the claimant is not sustaining long-term benefit from prior interventions. Therefore the request for lumbar trigger point injection is not medically necessary.