

<b>Case Number:</b>	CM15-0137678		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	04/15/1995
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 58-year-old male with an April 15, 1995 date of injury. A progress note dated June 5, 2015 documents subjective complaints (flare up of his pain), objective findings (decreased range of motion of the cervical spine; positive Spurling maneuver; decreased sensation of right C6 and C7 distribution; positive Tinel's at the right wrist; pain and tenderness across the right middle metacarpophalangeal joints, especially the middle finger; trigger points identified in the right greater than left paralumbar region; palpable spasms across the back; decreased range of motion of the lumbar spine; decreased sensation of anterior thighs bilaterally in the L3-4 distribution; tenderness across the knees bilaterally; decreased strength of the knees and hips), and current diagnoses (status post lumbar fusion; post fusion syndrome; lower back pain; L3-4 nonunion; lumbar radiculitis; cervical radiculitis; carpal tunnel syndrome; right hand pain). Treatments to date have included lumbar spine fusion, medications, trigger point injections that were helpful in managing the pain, and diagnostic testing. The treating physician documented a plan of care that included trigger point injections for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection to the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS Guidelines recommend the use of trigger point injections for myofascial pain syndrome as indicated, with limited lasting value. It is not recommended for radicular pain. 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. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Trigger point injections are not recommended for typical back pain or neck pain. For fibromyalgia syndrome, trigger point injections have not been proven effective. In this case, the injured worker has had trigger point injections in the past and stated that they were effective, however, there is no objective documentation of an increase in function after injections. Additionally, the level of the lumbar spine the injections are to be utilized in is not included with the request, therefore, the request for trigger point injection to the lumbar spine is not medically necessary.