

<b>Case Number:</b>	CM15-0140290		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	11/02/1999
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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:

The injured worker is a 60 year old female, who sustained an industrial injury on November 2, 1999. The initial diagnosis and symptoms experienced were not included in the documentation. Treatment to date has included trigger point injections, toxicology screen, medications and Toradol injection. Currently, the injured worker complains of constant, severe low back pain rated at 10 on 10. The injured worker is currently diagnosed with lumbar intervertebral disc without myelopathy and spondylolisthesis. The injured worker received trigger point injections at L4, per note dated December 2, 2015. A progress note dated January 7, 2015 states the injured worker experienced a 75% relief in pain from the trigger point injection. A progress note dated February 9, 2015 states the injured worker did not experience efficacy from the Toradol injection. Progress notes dated December 12, 2014, January 28, 2015, February 9, 2015, June 1, 2015 and July 3, 2015, all state the injured worker received trigger point injections due to increased low back pain. A request for retrospective trigger point injection, administered on June 1, 2015, to reduce pain and inflammation is sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Trigger point injections, DOS 6/1/15: 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  
Page(s): 122.

**Decision rationale:** The MTUS lists the following criteria for the use of Trigger point injections. Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (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. Although the patient reports significant relief as a result of the trigger point injections, she has received a greater number of injections than is recommended per the MTUS. Retrospective Trigger point injection is not medically necessary.