

<b>Case Number:</b>	CM15-0144364		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	12/16/2010
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 45-year-old male who sustained an industrial injury on 12-16-2010. He has reported mid and low back pain with radiation to bilateral leg with numbness, tingling sensation. He also has reported neck pain radiating to bilateral shoulders and has been diagnosed with cervical degenerative disc disease, thoracic discogenic syndrome, lumbar degenerative disc disease, and myofascial pain. Treatment has included medications, home exercise program, physical therapy, acupuncture, aquatic therapy, and TENS. There was reduced range of motion to the lumbar spine. There was severe guarding due to pain. There was tenderness to palpation to the thoracolumbar paraspinal muscles and hypertonicity lumbar paraspinal muscles. The treatment request included TENS, medications, and acupuncture. The treatment request included trigger point injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injection-DOS: 05/21/15: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, and Trigger Point Injections.

**Decision rationale:** Regarding the request for trigger point injection- DOS: 05/21/15, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks, because of previous trigger point injections. In the absence of such documentation, the requested trigger point injection-DOS: 05/21/15 are not medically necessary.