

<b>Case Number:</b>	CM15-0161397		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 53 year old male who sustained an industrial injury on July 30, 2013. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having multiple injury unspecified, lumbago, cervicgia, pain in thoracic spine, sprain and strain of unspecified site of knee and leg, unspecified osteochondropathy, adjustment disorder with depressed mood, and insomnia. Treatment to date has included diagnostic studies, medication, and injection. He reported a previous trigger point injection in the low back was helpful. Medications were noted to help preserve functionality and increase ease of activities of daily living. On July 9, 2015, the injured worker complained of low back pain and muscular tightness and spasms. He also complained of intermittent left lower extremity paresthesias, left leg pain, and neck symptoms. The injured worker underwent trigger point injections targeting the right upper trapezius and lower right quadratus lumborum muscle. He experienced substantial pain relief immediately after the procedure. The treatment plan included medications. A request was made for two retrospective trigger point injections for the low back as outpatient, which was non-certified by Utilization Review on July 24, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 Retrospective Trigger point injections times 2 for low back, administered on 7/9/15, as outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

**Decision rationale:** According to the cited CA MTUS guideline, trigger point injections are recommended for myofascial pain syndrome, but not for use in radicular pain. There are multiple criteria for the use of trigger point injections, to include the documentation of the trigger points with evidence upon palpation of twitch response with referred pain, and the symptoms must have been present for greater than three months. Repeat injections should not be performed unless a greater than 50% pain relief is obtained for six weeks following injection and there is documented functional improvement. Although the treating physician on July 9, 2015, stated that the injured worker had previously received a trigger point injection that demonstrated some relief with improved function for several weeks, the documentation for trigger point injections of the trapezius and quadratus lumborum did not clearly meet criteria per the MTUS. In addition, the physical exam did not demonstrate trigger points on palpation, but the procedure note did document palpable trigger points with twitch response. Based on the MTUS guidelines and available medical records, the retrospective request for two trigger point injections for the low back as an outpatient is not medically necessary.