

<b>Case Number:</b>	CM15-0181534		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	10/08/2014
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 8, 2014. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request for four trigger point injections. An August 8, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On an August 8, 2015, the applicant reported ongoing complaints of low back pain radiating to the right leg. The applicant was on Naprosyn, Prilosec, Neurontin, it was reported. Trigger point injections were apparently performed in the clinic setting on this date. The applicant's work status was not explicitly detailed. On August 1, 2015, the applicant reported ongoing complaints of low back pain radiating to the right leg. The applicant was asked to continue to use TENS unit, Neurontin, and a heating pad. Work restrictions were endorsed. A 10-pound lifting limitation was endorsed. The attending provider contended that the applicant was working with said limitation in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro trigger point injection of lumbar spine paraspinal (PSM) x 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** No, the request for 4 trigger point injections performed on August 8, 2015 was not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are "not recommended" for applicants with radicular pain. Here, the applicant was described as having ongoing complaints of low back pain radiating to the right leg on the August 8, 2015 office visit at issue. The applicant was on Neurontin, it was acknowledged on that date and on an earlier date of August 1, 2015 presumably to ameliorate ongoing lower extremity radicular pain complaints. Trigger point injections were not, thus, indicated in the radicular pain context present here, per page 122 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.