

<b>Case Number:</b>	CM15-0188328		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	06/14/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 26 year old female, who sustained an industrial injury on 6-14-2014. Medical records indicate the worker is undergoing treatment for lumbar herniated disc with radiculopathy, lumbago and lumbar facet arthropathy. A progress note dated 7-17-2015 reported the injured worker complained of low back pain rated 7 out of 10. A more recent progress report dated 8-19-2015, reported the injured worker complained of sharp pain in the low back that occurred all the time, rated 7 out of 10. Physical examination revealed tenderness to palpation of the bilateral sacroiliac joint and lumbar paravertebral muscles and spasm of the bilateral gluteus and lumbar muscles. Treatment to date has included physical therapy and medication management. The physician is requesting trigger point injections of the lumbar spine x3. On 8-25-2015, the Utilization Review non-certified the request for trigger point injections of the lumbar spine x3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections of the lumbar spine 3 times:** 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:** The claimant sustained a work injury in June 2014 while lifting a heavy box and is being treated for low back pain. She was seen by the requesting provider for an initial evaluation on 07/17/15. She was having radiating pain into the lower extremities. Physical examination findings included decreased lumbar range of motion with spasms. Facet testing was positive bilaterally. There was spinous process and interspinous ligament tenderness. There was decreased lower extremity sensation. Authorization for an epidural steroid injection and trigger point injections was requested. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain and that radiculopathy is not present by examination, imaging, or electrodiagnostic testing. In this case, the presence of a twitch response with referred pain is not documented. The claimant has findings of radiculopathy and an epidural steroid injection is also being requested. A trigger point injection is not considered medically necessary.