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| <b>Case Number:</b>   | CM15-0192466 |                              |            |
| <b>Date Assigned:</b> | 10/06/2015   | <b>Date of Injury:</b>       | 01/20/2001 |
| <b>Decision Date:</b> | 11/18/2015   | <b>UR Denial Date:</b>       | 09/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/30/2015 |

### 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: Indiana, Michigan, California  
 Certification(s)/Specialty: 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 64 year old female who experienced a work related injury on January 20, 2001. Diagnoses include low back pain, lumbar radiculitis, lumbar radiculopathy, lumbar disc bulge, myofascial dysfunction with triggers and grade 2 spondylolisthesis of the lumbosacral spine. Diagnostics involve an MRI of a lumbar spine consistent with herniated nucleus pulposus. Treatment has involved lumbar epidural steroid injection on September 8, 2014, home exercises and medication management. Request is for bilateral L5 trigger point injection times 2 under ultrasound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L5 Trigger Point Injection x2 under Ultrasound:** Upheld

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

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

**Decision rationale:** MTUS Guidelines recommend Trigger point injections only for myofascial pain syndrome and specifically state that Trigger point injections are not recommended for radicular pain. MTUS Guidelines list eight criteria for the use of Trigger point injections and require all of the criteria be met for the use of trigger point injections. Records reveal only one criteria has been met and as state that radiculopathy not be present. As noted above, radiculopathy is present and as the required criteria are not met the request for bilateral L5 Trigger point injection times 2 under Ultrasound is not medically necessary and appropriate.