

<b>Case Number:</b>	CM15-0193835		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	07/19/2010
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

### 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 36-year-old male, who sustained an industrial injury on 7-19-10. The injured worker was diagnosed as having lumbosacral spondylosis, lumbar spinal stenosis, and pain in joint of the lower leg. Treatment to date has included physical therapy for the lower extremities, epidural steroid injections x3, and medication including Norco. Physical examination findings on 7-24-15 included normal muscle tone in all extremities and tenderness to palpation in the right interscapular region. On 7-24-15, the injured worker complained of pain in the left interscapular region. The treating physician requested authorization for a right interscapular paraspinal muscle trigger point injection. On 9-4-15, the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right interscapular paraspinal muscle trigger point injection:** 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:** According to California MTUS 2009 chronic pain medical treatment guidelines, trigger point injections are recommended if there is discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. In the presence of such, trigger point injections may be recommended when symptoms have been present for more than 3 months and medical management therapies have failed to control pain, radiculopathy is not present, and not more than 3-4 injections are utilized per session. In this case there was no documented trigger point associated with a local twitch in response to stimulus to the taut band of skeletal muscle. As such, trigger point injections are not supported by guidelines and the request is not medically necessary.