

<b>Case Number:</b>	CM15-0201871		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	10/15/2012
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 45 year old male, who sustained an industrial injury on 10-15-2012. The injured worker was diagnosed as having left lower leg pain, left ankle pain, dermatitis lower leg, lower back pain with radiculopathy, and severe swelling left ankle. Treatment to date has included diagnostics, multiple trigger point injections, and medications. On 7-13-2015, the injured worker complains of left leg and low back pain, rated 6 out of 10, 7 out of 10 without medication (unchanged 5-12-2015). He was working without restrictions and reported that he did not receive his back brace and his pain was increasing. Physical exam noted "obvious distress", with soft tissue tenderness and decreased range of motion in the neck. Exam of the left lower leg noted mild edema, redness, slightly diminished deep tendon reflexes distally, positive straight leg raise, and decreased range of motion in the lumbar spine. Physical exam on 7-13-2015 was unchanged from 5-12-2015. Procedure notes for 7-13-2015 documented trigger points x10. Retroactive trigger point injection x10 to the low back were non-certified by Utilization Review on 9-10-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Trigger point injection x 10, lower back: 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:** With regard to trigger point injections, the MTUS CPMTG states: Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." "Criteria for the use of Trigger point injections: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. (Colorado, 2002) (BlueCross BlueShield, 2004)" The medical records submitted for review do not contain documentation of circumscribed trigger points, and there is evidence of radiculopathy by exam. Furthermore, the request for 10 injections is in excess of the guidelines recommendation of no more than 3-4 injections per session. The criteria are not met, the request is not medically necessary.