

<b>Case Number:</b>	CM15-0204019		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	12/12/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: Montana, Oregon, Idaho  
 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:

This is a 53-year-old male with a date of industrial injury 12-12-2014. The medical records indicated the injured worker (IW) was treated for low back pain and L5-S1 radiculopathy secondary to discogenic changes with previous laminectomy. In the progress notes (9-21-15), the IW reported left-sided low back pain rated 8 to 9 out of 10, aggravated by prolonged sitting, standing and bending. On examination (9-21-15 notes), there was tenderness to palpation in the right lumbar paraspinals at L4-5. Straight leg raise was positive in the right L5 distribution. The sensory, motor strength and deep tendon reflexes examinations were within normal limits. Trigger point injections were given; the sites were not specified. The documentation did not indicate the injected areas had taut muscle bands, a twitch response or referred pain on palpation. Treatments included medication (Norco, Baclofen and Gabapentin), aquatic therapy (no benefit), L5 epidural steroid injection (4-24-15, not helpful) and home exercise program. The IW was temporarily totally disabled. A Request for Authorization was received for (retrospective) six left trigger point injections. The Utilization Review on 10-11-15 non-certified the request for (retrospective) six left trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Left Trigger Point Injections:** 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:** CA MTUS Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122 states, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. A trigger point is a 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 this case the submitted documentation does not demonstrate evidence of myofascial pain syndrome, palpable taut bands of skeletal muscle and the claimant has evidence of radiculopathy. The request does not meet the criteria set forth in the guidelines and therefore is not medically necessary.