

<b>Case Number:</b>	CM15-0204513		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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, Oregon, Washington  
 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 injured worker is a 54 old male, who sustained an industrial injury on 01-23-2013. The injured worker was diagnosed as having lumbar status post-surgery with exacerbation 2013 hardware and lumbar radiculopathy. On medical records dated 09-10-2015, the subjective complaints were noted as lower back pain that radiates to lower extremities. Objective findings were noted as tenderness to palpation in the lumbar spine paraspinal muscle and wearing a brace. Treatments to date included TENS unit, medication and trigger point injection. The previous trigger point injection was noted to be helpful, however no measurable level of pain improvement or functional improvement was noted. The injured worker was noted to be going to school to be a plumber. Current medications were listed as Gabapentin, Naprosyn, and Lido pro cream. The Utilization Review (UR) was dated 09-23-2015. A Request for Authorization was dated 09-10-2015. The UR submitted for this medical review indicated that the request for 4 trigger point injections was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 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 defines a trigger point as "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. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination." The guidelines continue to define the indications for trigger point injections which are as follows: Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain or fibromyalgia. 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. CA MTUS guidelines state that trigger point injections are not indicated for radicular pain, fibromyalgia, typical back pain or typical neck pain. In this case the exam notes from 9/10/15 demonstrate no evidence of myofascial pain syndrome. The documented physical examination does not show 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. This patient has radicular pain. Therefore the determination is for not medically necessary.