

<b>Case Number:</b>	CM15-0023615		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	07/21/2012
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Arizona, 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 33 year old male, who sustained an industrial injury on July 21, 2012. He has reported lower back pain and left leg pain. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis and lumbago. Treatment to date has included medications, ice, bracing, physical therapy, home exercise, transcutaneous electrical nerve stimulation unit, and imaging studies. A progress note dated December 15, 2014 indicates a chief complaint of increasing lower back pain with left leg parasthesias, and lower back muscle spasms. Physical examination showed lumbar spine pain with range of motion and tenderness to palpation, decreased sensation of the left hip and normal gait. The treating physician is requesting trigger point injections times four to the lumbar spine. On January 28, 2015 Utilization Review denied the request for the trigger point injections citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections x 4 to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 300.

**Decision rationale:** According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The claimant had been receiving interventions such as therapy, medications and TENS which have more lasting benefit. Therefore the request for lumbar trigger point injection is not medically necessary.