

<b>Case Number:</b>	CM15-0023981		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	03/22/2000
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/19/2015
<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: TR, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 70-year-old male reported a work-related left elbow injury on 3/22/2000. According to the PR2 from the treating provider dated 1/6/2015, the injured worker reports increased low back pain due to cold weather, with knots in his mid to low back. The diagnoses include post laminectomy lumbar kyphosis, lumbar foraminal stenosis, cervical spondylitic stenosis, cervicothoracic myofascial pain, lumbar myofascial pain syndrome and trigger point activities in the interscapular region. Previous treatments include medications and trigger point injections. The treating provider requests one trigger point injection to lumbar paraspinal musculature. The Utilization Review on 1/19/2015 non-certified the request for one trigger point injection to lumbar paraspinal musculature, citing CA MTUS and 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:

**One trigger point injection to the lumbar paraspinal musculature:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**Decision rationale:** The MTUS guidelines only recommend trigger point injections for myofascial pain that is non-radicular in nature and under recognition of limited lasting value 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. With no evidence of referred pain on the provided documentation, the requirements of the guidelines are not met, and therefore the treatment cannot be considered medically necessary without further documented clarification.