

<b>Case Number:</b>	CM15-0037713		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	09/27/2004
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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

Certification(s)/Specialty: Internal 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:

The injured worker is a 50-year-old female, who sustained an industrial injury on 9/27/2004. The diagnoses have included myalgia and myositis, lumbar degenerative disc disease, sciatica, depression, chronic pain due to trauma and radiculopathy thoracic or lumbosacral. Treatment to date has included injections and medication. According to the progress report dated 2/9/2015, the injured worker complained of severe back pain. The location of the pain was the lower back and neck radiating to the left ankle, left arm and left foot. The pain was described as an ache. The injured worker rated the pain as 10/10 without medications and 8/10 with medications. Physical exam revealed tenderness to palpation at the superior aspect of the right posterior iliac crest with active trigger points. Gait was antalgic. The treatment plan was for Trigger Point Injections. It was noted that the injured worker reported some myofascial tenderness and pain to the left lower lumbar gluteal area; she had responded well to trigger point injections in the past. On 2/18/2015 Utilization Review (UR) non-certified a request for a Trigger Point Injection and an office visit to administer the injection. The Medical Treatment Utilization Schedule (MTUS) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection and office visit to administer injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses trigger point injections. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) indicates that trigger-point injections are not recommended. Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 309) indicates that trigger-point injections are not recommended. Medical records document chronic low back complaints. The progress report dated 2/9/15 did not document a twitch response or referred pain upon palpation of circumscribed trigger points. ACOEM guidelines indicate that trigger point injections are not recommended for low back conditions. Therefore, the request for trigger point injections is not supported by ACOEM guidelines. Therefore, the request for trigger point injections is not medically necessary.