

<b>Case Number:</b>	CM15-0038076		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	09/25/2014
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/17/2015
<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: Physical Medicine & Rehabilitation, Pain Management

### 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 44-year-old female, who sustained an industrial injury on 9/25/14. She has reported right, knee, right hand/wrist, right elbow, shoulder, ankle and upper back, neck and right hip injury. The diagnoses have included cervical myofascitis, cervical sprain/strain, lumbar myospasm, lumbar sprain/strain, right wrist myofascitis, right wrist sprain/strain, right knee myofascitis, right knee sprain/strain, right ankle sprain/strain, anxiety and depression. Treatment to date has included shockwave therapy, acetaminophen, activity restrictions, chiropractic treatment and physical therapy. (MRI) magnetic resonance imaging of right knee performed on 12/17/14 revealed possible internal degeneration, thinned cartilage of lateral femoral condyle and lateral tibial plateau, complex tear involving the body and anterior horn of lateral meniscus with possible internal degeneration, lateral subluxation of the patella relative to the trochlear groove and knee joint effusion. (MRI) magnetic resonance imaging of right ankle revealed subtalar small joint effusion, and tendinosis of peroneus longus and peroneus brevis. (MRI) magnetic resonance imaging of lumbar spine revealed disc desiccation of T9-10, T10-11 and T11-12 levels and early disc desiccation at L5-S1. (MRI) magnetic resonance imaging of cervical spine revealed early disc desiccation at C3-4 and C5-6. Currently, the injured worker complains of frequent, moderate neck pain, low back pain, right wrist pain, right knee pain, right ankle pain and depression and anxiety. On physical exam dated 2/12/15, tenderness to palpation was noted of lumbar paravertebral muscles with muscle spasm of the lumbar paravertebral muscles; tenderness to palpation of dorsal wrist and volar wrist; tenderness to palpation of anterior and

posterior knee; and tenderness to palpation of anterior and dorsal ankle. Range of motion was decreased and painful in all of the previously noted areas.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Trigger point injections Paralumbar muscle times 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of trigger point injections Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections.

**Decision rationale:** Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. In the absence of such documentation, the requested trigger point injections are not medically necessary.