

<b>Case Number:</b>	CM15-0043277		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	07/17/2003
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Massachusetts

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 66 year old male, who sustained an industrial injury on July 17, 2003. He reported a low back injury. The injured worker was diagnosed as having chronic back pain, severe facet arthropathy, severe disc desiccation, and slight spondylolisthesis. Treatment to date has included medications, and a home exercise program. On January 6, 2015, he continues with low back pain. Physical findings reveal guarding with motion, hyperextension of the low back reveals radiation of pain to the buttocks and back of the thighs. The treatment plan includes request for trigger point injections #2, continue Norco, and the home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Trigger Point Injections x 2, DOS: 01/06/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic low back pain. When seen by the requesting provider he had decreased and painful range of motion with muscle spasms and positive straight leg raising. Criteria for the use of trigger point injections include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented and therefore the trigger point injections were not medically necessary.