

<b>Case Number:</b>	CM15-0043769		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	07/23/2004
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/03/2015
<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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 58 year old male, who sustained an industrial injury on 7/23/04. He reported pain in the lumbar spine and lower extremities. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar radiculopathy, muscle spasm and chronic pain syndrome. Treatments to date have included lumbar epidural injections and pain medications. As of the PR2 dated 1/12/15, the injured worker reports back pain and intermittent leg pain. The low back pain was noted to radiate down the left lower extremity. There is associated numbness and tingling sensations. There were objective findings of tender muscle spasm in the lumbar paraspinal areas and decreased sensation over the left lower extremities dermatomes. He indicated that he had no relief from the lumbar epidural injection, but lumbar facet injections and trigger point injections were beneficial. The treating physician noted areas of trigger point tenderness with fasciculations and injected these areas. The medications listed are Norco and Norflex. A Utilization Review determination was rendered recommending non-certification for trigger points injections quantity 4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injections quantity 4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that trigger points injections can be utilized for the treatment of tender taut muscle spasm when conservative treatments with medications and PT have failed. The records indicate subjective, objective and radiological findings consistent with a diagnosis of lumbar radiculopathy with associated muscle spasm. There is no documentation of failure of treatment with co-analgesic anticonvulsants and antidepressants medications that are effective in the treatment of lumbar radiculopathy. There is no diagnosis of isolated tender taut muscle spasm. The criteria for trigger point injections quantity 4 was not met.