

<b>Case Number:</b>	CM15-0045481		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	12/17/2014
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 28-year-old female, who sustained an industrial injury on 12/17/14. She reported low back pain. The injured worker was diagnosed as having coccydynia, sacralgia, low back pain and lumbar radiculitis radiculopathy. Treatment to date has included oral medications including opioids and chiropractic treatments. Currently, the injured worker complains of low back pain. Physical exam noted less tenderness over SI region with some tenderness still present. The treatment plan consisted of continuation of oral pain medications which have not decreased pain and an authorization for lumbosacral trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbosacral trigger point injection under ultrasound guidance (series 3): Upheld**

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

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

**Decision rationale:** The patient complains of ongoing lower back pain. The current request is for Lumbosacral trigger point injection under ultrasound guidance (series 3). The MTUS state that trigger point injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. The criteria for trigger point injections include (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. In this case, there is a lack of documentation noting circumscribed trigger points with evidence upon palpation of a twitch response. Additionally there is no evidence that the patient has undergone active therapy prior to the recommendation for an injection to include a home exercise program or physical therapy treatments. It is also noted that the patient has been diagnosed with lumbar radiculopathy. The available medical records do not support medical necessity and as such, recommendation is not medically necessary.