

<b>Case Number:</b>	CM14-0146066		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and Interventional Pain, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 61-year-old female with an injury date of 1/15/13. Mechanism of injury was not documented. The 10/06/2014 progress report stated the patient still has pain at the sacroiliac joint with numbness of the legs. She also has pain of the left knee aggravated by walking. She also complains of cervical spine pain. On physical examination, patient has bilateral knee tenderness, positive Gaenslen, FABER, and Spurling's tests. There is note of tenderness at the sacroiliac joint. Other details of the progress note were illegible. The 7/28/14 progress report stated that the patient was denied post-operative physical therapy (PT) for her left knee despite having the surgery 2 months ago. The treating provider believes that the patient is a candidate for trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injection x 4 to the lumbar spine and cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

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

**Decision rationale:** Medical necessity for the above request has not been established. Based on California MTUS guidelines, there needs to be documentation of trigger points on physical examination. Similarly, there must be evidence of failed conservative treatment such as medications and physical therapy. Furthermore, there must be no signs of radiculopathy. There was no documentation of circumscribed trigger points on exam. Therefore, the request is not medically necessary.