

<b>Case Number:</b>	CM14-0166033		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	07/22/2004
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Management and is licensed to practice in Georgia. 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 claimant is 58 year old female presenting with chronic pain following a work related injury on 07/22/2004. The claimant was diagnosed with discogenic syndrome lumbar. The claimant has tried physical therapy, aquatic therapy, lumbar epidural steroid injection, TENs, and medications. According to the medical records the claimant is not working. The physical exam on 08/19/2014 showed that the patient was sitting uncomfortably, minimal muscle spasms and decreased range of motion. There was a claim for Ultrasound guided trigger point injections with Marcaine, Lidocaine and Kenalog.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guided trigger point injections with Marcaine, Lidocaine and Kenalog:** 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 Trigger Point Injections Page(s): 84.

**Decision rationale:** Ultrasound guided trigger point injections with Marcaine, Lidocaine and Kenalog is not medically necessary. Per CA MTUS guidelines which states that these injections are recommended for low back or neck pain with myofascial pain syndrome, when there is

documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The claimant's medical records do not document the presence or palpation of trigger points upon palpation of a twitch response along the area of the neck where the injection is to be performed; therefore the requested service is not medically necessary.