

<b>Case Number:</b>	CM14-0090511		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Neurology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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:

2/24/14 note indicates neck and back pain. There was some numbness noted. Examination noted tenderness with positive spasm in the back. 1/14/14 note indicated injury on 2/14/13. There was left knee pain. Examination noted guarded gait with no paraspinal spasm. Strength, sensation, and reflexes were intact. 2/20/14 PR-2 reports left knee pain. There was reduced range of motion. Plan of care was noted to be surgery on the knee. 4/11/14 note indicates 4 trigger points on examination. There was pain in the knee as well as bilateral trapezius muscles. There was associated muscle spasm in the muscles of the upper back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections lumbar paraspinals times 4:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, trigger point injections.

**Decision rationale:** The medical records indicate condition of myofascial pain syndrome with cervical pain and the medical records demonstrate trigger points being noted on examination.

ODG guidelines support trigger point injections in the setting of trigger points being noted on physical examination. Therefore the request for Trigger point injections lumbar paraspinals times 4 are medically necessary.