

<b>Case Number:</b>	CM14-0097225		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/14/2009
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 35 years old female with an injury date on 02/14/2009. Based on the 06/05/2014 progress report provided by [REDACTED], the diagnoses are: 1. Nonorganic sleep disorder, unspecified 2. Degenerative disc disease lumbar 3. Muscle spasms 4. Long term (current) use of insulin 5. Low back pain 6. Postlaminectomy syndrome of lumbar region 7. Diabetes with unspecified complication, type 1 8. Diabetes mellitus, Juvenile, controlled 9. Myalgia and myositis, unspecified 10. Anxiety state 11. Depression 12. Migraine 13. Cervical radiculopathy 14. Chronic pain 15. Insomnia, other 16. Psychosexual dysfunction 17. Acquired hypothyroidism 18. Lesion of ulnar nerve 19. Other cerv fusion ant/ant 20. Spinal fusion 21. Chronic pain due to trauma 22. Headache 23. Urge incontinence 24. Abnormality of gait 25. Degenerative disc disease cervical 26. Neck pain 27. COAT 28. Carpal Tunnel Syndrome According to this report, the patient complains of persistent upper back, middle back and lower pain that is moderate to severe. Pain is also noted at the gluteal area, arms, legs, neck and thighs. The pain radiates to the bilateral ankle, bilateral arms, bilateral calf, left foot and bilateral thigh. The pain are described as ache, burning, deep, diffuse, discomforting, dull, localized, numbness, piercing, sharp, shooting, stabbing, superficial, and throbbing. The patient had TPI's in the past that "given her well over 50% pain relief for six weeks at the time; she has been able to decrease her opioids by well over 25% following past sessions." There were no other significant findings noted on this report. The utilization review denied the request on 06/19/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/07/2014 to 09/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection series of three sessions two weeks apart:** 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 Guidelines Trigger point injections.

**Decision rationale:** According to the 06/05/2014, report by [REDACTED] this patient presents with of persistent upperback, middle back and lower pain that is moderate to severe. The treater is requesting Triggerpoint injection series of three sessions two weeks apart. Regarding repeat trigger point injections, MTUS guidelines page 122 state "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." The treater mentions on 06/05/2014 report "given her well over 50% pain relief for six weeks at the time." In this case, there was document of pain relief greater than 50% lasting for several weeks after the prior injection. However, review of reports show the patient has pain radiates to the bilateral ankle, bilateral arms, bilateral calf, left foot, and bilateral thigh. Based on available information, the patient has radicular symptoms for which trigger point injections are not indicated. In addition, examination does not document trigger points as required by MTUS. Therefore, the request is not medically necessary.