

<b>Case Number:</b>	CM14-0217486		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 46 year old male, who sustained a work related injury on 8/9/12. The diagnoses have included lumbago, lumbosacral spondylosis without myelopathy, lumbar disc displacement and sleep disorder. Treatments to date have included oral medications, Lidoderm patches, different types of injections, physical therapy and acupuncture treatments. In the PR-2 dated 12/5/14, the injured worker complains of chronic low back pain with pain down both legs. The pain is made worse by increased activity. He states the pain is partially relieved by pain medications and various types of injections. He has tenderness to palpation of the lower back. He has decreased range of motion in lower back. He is able to complete activities of daily living. On 12/26/14, Utilization Review non-certified a request for lumbar trigger point injection with ultrasound guidance. The California MTUS, ACOEM Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Trigger Point Injection quantity 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back - Lumbar & thoracic (Acute & chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 300.

**Decision rationale:** According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. Therefore the request for lumbar trigger point injection is not medically necessary.

**Ultrasound Guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back - Lumbar & thoracic (Acute & chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 300.

**Decision rationale:** As noted above trigger point injections are not recommended. Therefore the use of ultrasound injection guidance is not medically necessary.