

<b>Case Number:</b>	CM15-0004793		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	05/05/2014
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: New York, Tennessee  
Certification(s)/Specialty: Emergency Medicine

### 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 56 year old female, who sustained an industrial injury on 5/05/2004. She has reported back pain and leg weakness. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc, sciatica, unspecified side, and spondylolisthesis. Treatment to date has included multiple spinal surgeries and conservative treatment. A magnetic resonance imaging of the lumbar spine, dated 9/30/2013, noted postoperative changes with no central spinal stenosis or evidence of nerve impingement. Currently (PR2 report 11/11/2014), the injured worker complains of back pain with some radiation to the legs. She had tenderness and spasms in the paralumbar area and 2 trigger point injections (TPI) were performed into the lower lumbar segment, noting previous benefits of TPI. Documentation noted myofascial pain syndrome with a direct relationship between the specific TPI and associated region. On 12/25/2014, Utilization Review non-certified a retrospective request for 2 trigger point injections to the lumbar spine (11/11/2014), noting the lack of compliance with MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 2 trigger point injections to the lumbar spine (DOS: 11/11/2014):**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 122.

**Decision rationale:** Trigger point injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. Criteria for use of trigger point injections are as follows: 1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) 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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. In this case the injection contains steroid and toradol. There is no documentation that a long-acting anesthetic was used as recommended above. In addition steroid injections are not recommended. Criteria for trigger point injections have not been met. The request should not be authorized.