

<b>Case Number:</b>	CM15-0012982		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	11/10/2001
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 62 year old male, who sustained an industrial injury on November 10, 2001. He has reported lower back pain and bilateral shoulder pain. The diagnoses have included cervical spine degenerative disc disease with radiculopathy, lumbar spine degenerative disc disease with radiculopathy, and lumbar spine post laminectomy syndrome. Treatment to date has included medications, injections, back surgeries, bilateral shoulder surgeries, exercises and imaging studies. A progress note dated January 2, 2015 indicates a chief complaint of continued lower back pain and bilateral shoulder pain. Physical examination showed tenderness and spasms along the length of the spine, and tenderness and decreased range of motion of the shoulders. The treating physician is requesting three trigger point injections of the thoracic and lumbar spines. On January 8, 2015 Utilization Review denied the request for the trigger point injections. The rationale and guidelines cited were not documented in the Utilization Review letter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Trigger Point Injections To Deep Left Thoracic and Lumbar Fascia Area: 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 Trigger point injections Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9.

**Decision rationale:** The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee, mid back, and low back pain reportedly associated with an industrial injury of November 10, 2001. In a Utilization Review Report dated January 8, 2015, the claims administrator failed to approve a request for trigger point injections. The claims administrator referenced progress notes of January 2, 2015 and December 3, 2014, amongst the list of progress notes reviewed at the time of the denial. The applicant's attorney subsequently appealed. On January 21, 2015, the applicant reported ongoing complaints of bilateral knee pain. The applicant had reportedly alleged development of knee pain secondary to cumulative trauma at work. The applicant also had issues with bilateral hand pain. The applicant was given diagnosis of hand and wrist arthritis. The applicant medications included benazepril, Motrin, Paxil, Robaxin, and Vicodin. On January 20, 2015, the applicant received a viscosupplementation injection. The applicant was asked to employ Norco on an as-needed basis. In an RFA form dated January 2, 2015, authorization was sought for trigger point injections to the cervical, lumbar, and thoracic spine areas. The applicant was given diagnosis of chronic neck pain status post earlier failed laminectomy surgery. In an associated progress note of the same date, January 2, 2015, the applicant reported persistent complaints of neck and low back pain. The applicant had undergone three prior lumbar spine surgeries, multiple shoulder surgeries, multiple knee surgeries, and multiple hand surgeries. The applicant was using Norco, Robaxin, Paxil, Lunesta, Motrin, benazepril, it was acknowledged. Dysesthesias and hypoesthesia were noted about the right arm. Trigger point injection therapy was sought.

**REFERRAL QUESTIONS:** 1. No, the request for trigger point injections was not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended in the treatment of radicular pain. Here, the applicant has undergone multiple prior lumbar spine surgeries, presumably for radicular pain. The applicant was described as having hypoesthesias about the right arm on the date the trigger point injection in question was proposed, on January 2, 2015. All of the foregoing, taken together, suggests the presence of residual radicular pain complaints for which trigger point injections are not recommended, per page 122 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**REFERENCES:** MTUS Chronic Pain Medical Treatment Guidelines, page 122, Trigger Point Injections topic.