

<b>Case Number:</b>	CM15-0112037		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	09/23/2003
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: California

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 55 year old male with an industrial injury dated 09/23/2003. The mechanism of injury is documented as a motor vehicle accident resulting in neck pain. His diagnoses included myalgia and myositis, spinal stenosis of lumbar region, occipital neuralgia, spinal stenosis in cervical region, degenerative disc disease (lumbar and cervical) and chronic pain due to trauma. Comorbid diagnosis was diabetes and poor glucose control following steroid procedures for his neck and low back. Prior treatment included chiropractic treatments, occipital nerve blocks (provided 4-6 months of relief of headaches by about 50%), right side medial branch blocks (relief for about 15 minutes), physical therapy, massage and medications. He presents on 05/20/2015 with complaints of headaches, neck pain and pins and needles in both arms. He was also complaining of low back pain. The provider documents MRI scan in 2012 showed significant disc herniation of 8 mm at lumbar 4-5. Back pain is documented as moderate to severe. The provider documented the injured worker had obtained meaningful improvement in the level of pain. The injured worker had not experienced any side effects and had not demonstrated any evidence of a current substance use disorder. The request is for 1 buccal drug screen, 1 lab - cocaine and unknown trigger point injections. Urine drug screen and Norco 10/325 mg # 120 were requested and authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections, (unknown quantity): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**Decision rationale:** Trigger point injections may be recommended only for myofascial pain syndrome if patient meets criteria as set by MTUS Chronic pain guidelines. However, the documentation reports that patient fails to meet repeat trigger point injections. Patient does not have a diagnosis of myofascial pain or Piriformis syndrome. Patient has known history of spinal stenosis and other causes for chronic pain. Guidelines also require documentation of actual trigger points but provider has failed to document any physical exam findings consistent with trigger points. This request for trigger point injections does not meet appropriate criteria for approval due to not meeting criteria and its use in the appropriate diagnosis. Therefore, this request for trigger point injections is not medically necessary.