

<b>Case Number:</b>	CM15-0124252		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	03/20/1996
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 74-year-old male who sustained an industrial injury on 3/20/1996 resulting in low back pain radiating down the left extremity. He was diagnosed with lumbar disc degeneration and displacement; lumbar radiculopathy; and, chronic pain. Treatment referenced in documentation includes pain, muscle relaxant, and sleep medications; and, a home exercise program which he states helps control pain levels. The injured worker continues to report chronic low back pain. The treating physician's plan of care includes 3 lumbar trigger point injections. Work status is not addressed in documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar trigger point injections times 3: Upheld**

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

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

**Decision rationale:** The claimant sustained a work injury in August 2011 and continues to be treated for radiating low back and bilateral knee pain. When seen, pain was rated at 8/10. There was an antalgic and slow gait. There was lumbar paraspinal muscle tenderness with painful and decreased range of motion. There was bilateral knee tenderness. Medications were prescribed. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, there was no documentation submitted that included findings of a twitch response with referred pain and a trigger point injection was therefore not medically necessary.