

<b>Case Number:</b>	CM15-0124396		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	08/26/1997
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/09/2015
<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 60 year-old female who sustained an industrial injury on 08/26/97. She reported left shoulder, left elbow, and back pain. Initial diagnoses included lumbar strain, and strain to the left shoulder and elbow. Treatments to date include left shoulder rotator cuff repair, physical therapy, TENS unit, and pain medication management. In a progress noted dated 05/29/15, the injured worker reports increased neck, left shoulder, and low back pain. Physical examination of the lumbar spine was remarkable for tenderness at L3, L4, and L5 with paraspinal spasms bilaterally. Range of motion is decreased by 50%. Straight leg raise is positive, and she has an abnormal gait. There is abnormal weakness in the lower extremity with abnormal deep tendon reflexes. Current diagnoses include lumbago, cervical spine degenerative joint/disk disease, and lumbar spine degenerative joint/disk disease. Treatment recommendation and request include lumbar trigger point injection under ultrasound guidance at L5 X's 4. The injured worker is under temporary total disability. Date of Utilization Review: 06/09/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar trigger point injection under ultrasound guidance at L5 X's 4:** 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 Trigger point injections, 122 Page(s): 122.

**Decision rationale:** The claimant sustained a work-related injury in August 1997 and continues to be treated for low back and left shoulder and elbow pain. When seen, treatments had included medications, therapy, TENS, and injections. There was lumbar spine tenderness with left-sided paraspinal muscle. There were bilateral trigger points with decreased range of motion. There was an abnormal gait and lower extremity weakness. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented and the requested trigger point injections were not medically necessary.