

<b>Case Number:</b>	CM15-0171345		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	05/13/2007
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 58-year-old female, with a reported date of injury of 05-13-2007. The diagnoses include myofascial pain syndrome and chronic lumbar spine strain. Treatments and evaluation to date have included Lidopro, Naprosyn, Flexeril, and Neurontin. The diagnostic studies to date have not been included in the medical records provided. The progress report dated 07-16-2015 indicates that the injured worker continued to have pain in the cervical spine and lumbar spine. It was noted that the injured worker was currently not working. The physical examination showed positive bilateral lumbar paraspinal trigger points. The treatment plan included four trigger point injections to the bilateral iliolumbar ligament. The injured worker's work status was noted as qualified injured worker. The request for authorization was dated 07-16-2015. The treating physician requested four trigger point injections to the bilateral lumbar spine. On 08-07-2015, Utilization Review (UR) non-certified the request for four trigger point injections to the bilateral lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections x4 bilateral lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Trigger Point Injections.

**Decision rationale:** Regarding the request for Trigger point injections x4 bilateral lumbar spine, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. Guidelines also state they are not recommended for typical back pain or neck pain. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks, as a result of previous trigger point injections. In the absence of such documentation, the request for Trigger point injections x4 bilateral lumbar spine is not medically necessary.