

<b>Case Number:</b>	CM15-0177309		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	08/04/2000
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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:

This injured worker is a 49 (date of birth difficult to decipher) year old female who reported an industrial injury on 8-4-2000. Her diagnoses, and or impressions, were noted to include: lumbalgia; lumbar radiculitis; and facet joint arthritis. No current imaging studies were noted. Her treatments were noted to include: medication management. The progress notes of 7-23-2015 were hand written and difficult to decipher, but were noted to report: 7 out of 10 low back pain that radiated down the right leg; needs prescription; had magnetic resonance imaging 2 weeks prior; decreased sleep; medications help, with no side-effects; Had an episode of memory loss for (illegible) hours and had seen her primary care physician for that; and difficulty getting medications. Objective findings were noted to include: obesity; elevated blood pressure; positive spasms; right "PSIS" joint tenderness; and negative Patrick's test and positive (illegible) test. The physicians request for treatments was noted to include 6-8 trigger point injections to the left para-spinal. The Request for Authorization for this request was not noted in the medical records provided. The Utilization Review of 8-14-2015 non-certified the requests for 6-8 trigger point injections to left para-spinal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 to 8 trigger point injections to left paraspinal:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

**Decision rationale:** The claimant has a remote history of a work injury occurring in August 2000 and continues to be treated for low back pain with right lower extremity radiating symptoms. When seen, she was having difficulty sleeping due to back pain. Medications were helping. Physical examination findings included muscle spasms. There was right posterior superior iliac tenderness. Patrick's testing and Spring testing was positive. Authorization was requested for trigger point injections. 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. Trigger point injections are not considered medically necessary.