

<b>Case Number:</b>	CM15-0066236		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 27-year-old female, who sustained an industrial injury on 2/27/13. She reported left wrist, neck, shoulder and low back pain. The injured worker was diagnosed as having lumbar spine sprain/strain, rotator cuff syndrome and myofascial pain syndrome with radiculopathy. Treatment to date has included physical therapy, oral medications, topical medications, activity restrictions and acupuncture. Currently, the injured worker complains of continued pain in lumbosacral spine paraspinal muscles with numbness. Documentation noted the injured worker was more independent with activities of daily living following trigger point injections. Physical exam noted tenderness over lumbosacral paraspinal muscle and right shoulder impingement. The treatment plan consisted of request for 4 trigger point injections to cervical spine and refill of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Trigger point injections Bilateral Illiolumbar ligament:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG - back pain and pg 90.

**Decision rationale:** According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. According to the ODG guidelines trigger point injections are not recommended in the absence of myofascial pain: Criteria for the use of Trigger point injections: Trigger point injections (TPI) with a local anesthetic with or without steroid may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome (MPS) when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not an indication (however, if a patient has MPS plus radiculopathy a TPI may be given to treat the MPS); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended; (9) There should be evidence of continued ongoing conservative treatment including home exercise and stretching. Use as a sole treatment is not recommended; (10) If pain persists after 2 to 3 injections the treatment plan should be re-examined as this may indicate an incorrect diagnosis, a lack of success with this procedure, or a lack of incorporation of other more conservative treatment modalities for myofascial pain. In this case, the claimant has had prior injections. Timing and frequency are unknown. There is no documentation of at least 50% improvement with prior injections. The request for 4 additional injections is not medically necessary.