

<b>Case Number:</b>	CM15-0066713		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	10/18/1999
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/12/2015
<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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 75 year old male sustained an industrial injury to bilateral knees on 10/18/99. The injured worker later developed lumbar spine sprain/strain secondary to altered gait. Previous treatment included magnetic resonance imaging, bilateral total knee replacements, trigger point injections and medications. In a pain management, reevaluation dated 3/3/15 complained of ongoing low back and bilateral knee pain. The injured worker was requesting trigger point injections. The injured worker reported that previous trigger point injections provided two weeks of relief, enabling him to sleep better at night and keep his pain medications to a minimum. Current diagnoses included bilateral knee internal derangement status post bilateral total knee replacements, medication induced gastritis and lumbar spine sprain/strain. The injured worker received trigger point injections during the office visit. The treatment plan medication refills (Ultracet, Norco, Anaprox DS and Prilosec).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections to the lumbar spine:** 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 Page(s): 122.

**Decision rationale:** With regard to trigger point injections, the MTUS CPMTG states: Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Criteria for the use of Trigger point injections: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome 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 present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief 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. (Colorado, 2002) (BlueCross BlueShield, 2004) The medical records submitted for review indicate that the injured worker has been previously treated with trigger point injections and that they provided 2 weeks of relief, enabling him to sleep better at night and reduce his pain medication usage. However, there was no documentation of a quantified decrease in VAS score, and EMG/NCV dated 10/9/12 noted lumbosacral radiculopathy affecting primarily posterior ramus of L5 and S1 nerve roots. As radiculopathy is a disqualifying criterion, medical necessity cannot be affirmed.