

<b>Case Number:</b>	CM15-0079187		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	01/20/2012
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 28 year old male, who sustained an industrial injury on 1/20/2012. He reported injury from a fall. The injured worker was diagnosed as status post anterior lumbar 4 to sacral 1 fusion, lumbar radiculitis, sacroilitis and myofascitis. There is no record of a recent diagnostic study. Treatment to date has included surgery, trigger point injections and medication management. Currently, the injured worker complains of low back pain. The treating physician is requesting a retrospective review for ultrasound guided lumbar trigger point injections x 10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Retrospective request for Ultrasound Guided Lumbar Trigger Point Injections x10:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**Decision rationale:** MTUS 2009 states that trigger point injections are recommended for myofascial pain but have limited lasting value. It also recommends against more than 3-4 injections at a time. The patient received 10 trigger point injections at one session. The physical examination does not identify 10 trigger points and does not describe the referral pattern of the trigger points. This exceeds the number of injections recommended by MTUS 2009. Ultrasound was also used to administer the injections. MTUS 2009 does not recommend the use of any imaging modality for trigger point injections. This request for 10 trigger point injections exceeds MTUS 2009 recommendation for a maximum of 4 injections at a time and is therefore not medically necessary.