

<b>Case Number:</b>	CM14-0040273		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	08/28/2012
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient sustained an injury on 8/28/12 while employed by [REDACTED]. Request(s) under consideration include 3 Trigger Point Injections; to right intercostal muscles and right thoracic paravertebral muscles. Diagnoses include rib fractures and chest wall contusion. Report of 12/10/13 from the provider noted the patient with constant right-sided chest pain from the nipple downwards. Exam showed severe tenderness over right ribs 8-11 with spasm of the intercostal muscles; trigger points in right thoracic paravertebral muscles. Request(s) for 3 Trigger Point Injections; to right intercostal muscles and right thoracic paravertebral muscles was partially-certified on 1/21/14 for 1 session of TPI to right thoracic paravertebral muscles citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Trigger Point Injections; to right intercostal muscles and right thoracic paravertebral muscles:** 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:** The goal of Trigger Point Injections (TPIs) is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, none are demonstrated to meet guidelines criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The 3 Trigger Point Injections; to right intercostal muscles and right thoracic paravertebral muscles are not medically necessary and appropriate.