

<b>Case Number:</b>	CM14-0048904		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 & 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 52 year-old patient sustained an injury on 7/17/12 from a fall off scaffold 5 feet high onto right side while employed by [REDACTED]. Request under consideration include Trigger point injections. Diagnoses list Pain in joint involving pelvic region and thigh. Conservative care has included medications listing Ibuprofen, Tramadol, physical therapy, and modified activities. X-rays of right hand, hip, pelvis, and ribs dated 7/18/12 showed no abnormalities. AME report of 8/26/13 noted patient to be medically reasonable for permanent and stationary condition with future medical provision for non-prescription analgesics, anti-inflammatory, occasional short courses of PT for flare-ups of chronic condition. Report of 9/27/13 from the provider noted patient with ongoing persistent right hip and low back pain along with right arm pain. Exam noted myofascial findings in the quadratus lumborum, psoas, and gluteus medius with trigger point in rhomboid muscle and tenderness over greater trochanter radiating to both legs and groin. Diagnoses include tenosynovitis of right arm; trochanteric bursitis; and Dupuytren's contracture. Treatment was for physical therapy. Report of 11/15/13 from the provider noted recommendations for trigger point injections to the left shoulder, right hip, and low back. Report of 1/3/14 from the provider noted the patient with ongoing persistent right arm, low back, and leg pain. Report noted stand alone physical therapy provided has not provided benefit. The request for Trigger point injections was non-certified on 3/12/14 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:

**Trigger point injections:** 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:** Per MTUS Chronic Pain Treatment Guidelines, criteria for the use of Trigger point injections include no injections for symptoms and clinical findings of radiculopathy. As noted, the patient complains of radiating pain down both leg and groin. Treatment plan for TPIs does not meet Guidelines' criteria for TPIs. Without evidence of functional improvement, none of which are apparent here, medical necessity for Trigger point injections has not been established. Therefore, the request for trigger point injections is not medically necessary and appropriate.