

<b>Case Number:</b>	CM14-0055193		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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, has a subspecialty in Pain Management 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 is a patient with a date of injury of March 26, 2013. Noncertification was recommended due to lack of physical examination findings supporting a diagnosis of trigger points. A progress report dated March 10, 2014 identify subjective complaints of lower back pain with 70% improvement in right lower extremity pain following epidural injections in January. The patient continues to complain of mid back pain radiating down the right rib cage. The note states since the patient continues to have pain radiating to the right thoracic wall and the patient has 2 myofascial trigger points located at T6 and T7 level right rib cage with positive twitch response causing radiating pain in the distribution of the right thoracic wall at the T6, T8 level. I am requesting insurance carrier to certify trigger point injection to see if back pain can resolve. The note goes on to state that the patient has undergone acupuncture and that additional physical therapy was not approved after an initial course. The patient is undergoing a home exercise program with stretching and currently taking naproxen and amitriptyline.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right thoracic 2 myofascial trigger point injections at T6 and T7:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections.

**Decision rationale:** Regarding the request for trigger point injections, the Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. The ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, the requesting physician has identified positive physical examination findings of a twitch response and referred pain upon palpation of the trigger point in question. Additionally, the requesting physician has identified that the patient has failed conservative treatment in the form of physical therapy, acupuncture, and medication. As such, the currently requested trigger point injections are medically necessary.