

<b>Case Number:</b>	CM14-0075238		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/11/2011
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Interventional Spine 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:

The patient is a 43-year-old female with date of injury of 07/11/2011. The listed diagnoses per [REDACTED] dated 04/23/2014 are: 1. Costochondritis, 2. Neck pain. According to this report, the patient complains of mid to lower anterior chest and right shoulder pain. The patient describes the pain as sharp. The patient does not use medication but was prescribed a topical cream but never received it. She states that costochondral injections are the most effective therapy she has received for her pain. The physical exam shows tenderness in the costochondral joints bilaterally at T3, T4, T5, T6 levels. No other findings were recorded in this report. The utilization review denied the request on 04/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chest and chronic pain.

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

**Decision rationale:** This patient presents with neck pain. The treating Physician is requesting a trigger point injection. The MTUS Guidelines page 122 under its chronic pain section states that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value. It is not recommended for radicular pain. MTUS further states that all criteria need to be met including: documentation of trigger points, symptoms persists more than 3 months, medical management therapy, radiculopathy is not present, no repeat injections unless greater than 50% relief is obtained for 6 weeks. The report dated 01/22/2014 notes that the patient received a costochondral injection in the anterior upper to mid-sternal region. The patient received another costochondral injection on 02/12/2014 at T1, T2, T3 levels. The treating physician notes on 03/19/2014, "I am recommending repeat TPis for the above diagnosis. She last had them completed 02/12/2014 and reported 90% pain relief for about 1 month. Risks and benefits of the injections discussed and patient would like to proceed. In this case, while the treating physician reports 90% pain relief, the duration of relief was for only 4 week, shy of the typically required 6 weeks of relief therefore, this request is not medically necessary.