

Case Number:	CM13-0028697		
Date Assigned:	12/11/2013	Date of Injury:	06/22/1989
Decision Date:	04/01/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 physician 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.

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 57-year-old injured worker who reported an injury on 06/22/1989. The mechanism of injury was not specifically stated. The patient is currently diagnosed with cervical myofascial pain syndrome, headache, rule out cervical disc disruption, history of cervical disc protrusion, and rule out facet syndrome. The patient was seen by [REDACTED] on 07/30/2013. The patient reported 8/10 pain. Physical examination revealed intact sensation, trigger points in the bilateral levator and rhomboid groups, spasm and myofascial restriction in the lumbar spine, and decreased cervical range of motion. Treatment recommendations included continuation of current medication and daily exercise. The patient was administered a trigger point injection and a Toradol injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective trigger point injections for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state trigger point injections are recommended for myofascial pain syndrome. As per the documentation submitted, there was no evidence of circumscribed trigger points with a twitch

response, as well as referred pain. The patient was previously treated with trigger point injections in the past. There was no documentation of at least 50% pain relief for 6 weeks following the injection with documentation of functional improvement. The retrospective request for trigger point injections for the cervical spine is not medically necessary and appropriate.

Retrospective Toradol injection for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 67-72.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state Toradol is not indicated for minor or chronic painful conditions. As per the documentation submitted, the patient has been previously treated with Toradol injections in the past. Documentation of functional improvement following the injections was not provided. Therefore, the current request cannot be supported. The retrospective request for Toradol injection for the cervical spine is not medically necessary and appropriate.