

Case Number:	CM13-0043281		
Date Assigned:	12/27/2013	Date of Injury:	04/29/2009
Decision Date:	05/02/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/22/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 29, 2009. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, prior lumbar fusion surgery, unspecified amounts of physical therapy and muscle relaxants. In a utilization review report of October 9, 2013, the claims administrator retrospectively denied a request for trigger point injection therapy and a Toradol injection. ODG and FDA guidelines on oral Toradol were employed to retrospectively deny the request for injectable Toradol. The applicant's attorney subsequently appealed. On September 11, 2013, the applicant presented with moderate-to-severe mechanical low back pain associated with her hardware. Her life was described as significantly compromised. The applicant was given two trigger point injections in the clinic setting. She was described as having motor weakness present about the bilateral lower extremities, scored at 4/5. The applicant was described as presenting with low back pain radiating to the left leg. Soma, Norco, and Neurontin were apparently endorsed. The applicant was given a shot of intramuscular Toradol owing to a flare-up of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

A RETROSPECTIVE REQUEST FOR TRIGGER POINT INJECTIONS TO BILATERAL PARASPINAL MUSCULATURE WITH A DATE OF SERVICE OF 9/11/2013: Upheld

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

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

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only for myofascial pain syndrome, with limited lasting value. Trigger point injections are specifically "not recommended" for radicular pain, as was present on September 11, 2013. The applicant was presenting with issues including low back pain radiating to the left leg. The applicant did have diminished lower extremity strength. Therefore, the request is not certified as the applicant did have evidence of radicular pain which is, per page 22 of the MTUS Chronic Pain Medical Treatment Guidelines.

A RETROSPECTIVE REQUEST FOR A TORADOL INJECTION 60 MG IM WITH A DATE OF SERVICE OF 9/11/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects Page(s): 72.

Decision rationale: While the MTUS does not specifically address the topic of injectable Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does state that oral Toradol is not indicated for minor or chronic painful conditions. The Third Edition ACOEM Guidelines, however, do note that a single dose of injectable Ketorolac or Toradol is an appropriate option in the emergency department context for individuals with acute flares of pain and is in fact a useful alternative to a single moderate dose of opioids for individuals who presented to an emergency department with severe musculoskeletal pain. In this case, by analogy, the applicant presented to the clinic with an acute flare of reportedly severe pain. A single dose of injectable Toradol was indicated, appropriate, and supported by ACOEM. Therefore, the original utilization review decision is overturned. The request is retrospectively certified, on independent medical review.