

Case Number:	CM14-0113400		
Date Assigned:	09/16/2014	Date of Injury:	05/10/2012
Decision Date:	10/16/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/21/2014

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:

The injured worker is a 46-year-old female who reported an injury on 05/10/2012 due to an unknown mechanism. Diagnoses were shoulder derangement, impingement syndrome, and internal derangement of knee, knee sprain/strain, and cervical spine sprain/strain, and thoracic spine sprain/strain, derangement of hand-wrist, wrist sprain/strain, and lumbar disc herniation without myelopathy, lumbar neuritis/radiculitis, and lumbar sprain/strain (sacrum). Past treatments were medications, acupuncture, and trigger point injections. An MRI of the lumbar spine on 05/16/2013 revealed hemangioma at the L2 and straightening of the lumbar lordotic curvature which may reflect an element of myospasm. An MRI of the left shoulder performed on 10/12/2012 revealed small, focal, articular side, partial tear of inferior fibers of infraspinatus tendon at insertion site and a small paralabral cyst along the anterior superior labrum. The physical examination on 06/11/2014 revealed complaints of pain in the neck, left shoulder, left wrist, left arm, low back, bilateral knees, and right foot. The examination of the lumbar spine revealed spasms noted over the lumbar spine, bilaterally. Kemp's test was positive bilaterally. Flexion of the lumbar spine was to 40 degrees, extension was to 15 degrees, right lateral rotation was to 15 degrees, and left lateral rotation was to 10 degrees. There was pain noted during all extremes of restricted lumbar spine range of motion. Medications were not reported. The treatment plan was for a course of acupuncture. The request was for trigger point injections and a Toradol 60 mg IM injection. The rationale and Request for Authorization were not submitted for review. The injured worker is a 46-year-old female who reported an injury on 05/10/2012 due to an unknown mechanism. Diagnoses were shoulder derangement, impingement syndrome, and internal derangement of knee, knee sprain/strain, and cervical spine sprain/strain, and thoracic spine sprain/strain, derangement of hand-wrist, wrist sprain/strain, and lumbar disc herniation without myelopathy, lumbar neuritis/radiculitis, and lumbar sprain/strain (sacrum).

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IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 60 mg IM (Intramuscular) injection to the left buttock: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toradol. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Procedure Summary (last updated 04/10/2014): NSAIDs; Toradol package insert

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Ketorolac (Toradol), Page(s): 72. Decision based on Non-MTUS Citation (ODG) Pain, Ketorolac (Toradol), Shoulder, Ketorolac Injections

Decision rationale: The California Medical Treatment Utilization Schedule states ketorolac (Toradol) is not indicated for minor or chronic painful conditions. The Official Disability Guidelines state that Toradol is indicated as an oral formulation and should not be given as an initial dose, but only as a continuation following IV or IM dosing. The injection is recommended as an option to corticosteroid injections with up to 3 injections. Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. The guidelines also state that ketorolac injections are recommended for shoulder pain. Injection of the NSAID Ketorolac showed superiority over corticosteroid injections in the treatment of shoulder pain. It was not reported that the injured worker had an acute exacerbation of pain. Pain relief for the injured worker was not reported after the injection. The clinical information submitted for review does not provide evidence to justify Toradol 60 mg IM injection to the left buttocks. Therefore, this request is not medically necessary.

Trigger point injection (lumbar): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections, Page(s): 121,122.

Decision rationale: The California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms should have persisted for more than 3 months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain; radiculopathy should not be present (by exam, imaging, or neurotesting); and there are to be no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after the injection and there is documented evidence of functional improvement. Additionally, it is indicated that the frequency should not be at an interval less than 2 months. There was no specialty testing, such as straight leg raising tests, to rule out radiculopathy. Physical therapy and a home exercise program were not reported as failed. Medications for the injured worker were not reported. The clinical information submitted for review does not provide evidence to justify trigger point injections. Therefore, the request is not medically necessary.