

Case Number:	CM14-0050397		
Date Assigned:	06/25/2014	Date of Injury:	09/25/2012
Decision Date:	07/25/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/24/2014

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 Medicine and is licensed to practice in Minnesota 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 58-year-old female who reported an injury on 09/25/2012 with the mechanism of injury not cited within the documentation provided. In the clinical note dated 02/14/2014, the injured worker complained of neck and right arm pain, which was worsening. It was noted that the injured worker's neck pain had caused significant headaches that radiated pain to the scapula and down the arm. It was also noted that the injured worker had low back pain that was stable, but also had bilateral leg pain. Prior treatments included facet injections, physical therapy and pain medications. The physical examination of the cervical spine revealed a positive Spurling's test to the right, mild torticollis to the right and head compression sign markedly positive. It was also noted that the injured worker had tenderness and muscle spasms both at rest and on range of motion to the right. The physical examination of the right shoulder revealed tenderness in the sternoclavicular joint, anterior capsule and acromioclavicular joint. It was also noted that range of motion of the right shoulder was decreased on abduction, and crepitus was noted. The Neer's and Hawkins maneuvers and the impingement sign were noted to be positive. The O'Brien's test and drop arm test were noted to be negative. The motor and strength tests were noted to be within normal limits. The physical examination of the lumbar spine revealed tenderness in the paralumbar musculature. It was also noted that there was no evidence of instability to the lumbar spine. It was also noted that there was weakness of the foot dorsiflexors and toe extensors on the right and left. It was noted that a procedure of 2 intramuscular injections were performed; the first consisted of 2 mL of Toradol, and the second consisted of 2 mL of Depo-Medrol and 2 mL of Kenalog. It was noted that the injured worker tolerated the procedure well with no reactions or noted complications. The diagnoses included C5-6 disc herniation syndrome with radiculopathy and L4-5 disc herniation with left-sided radiculopathy. The treatment plan included a request for a C5-6 anterior cervical discectomy and

fusion, a request for a cervical collar, a 2 day hospital stay, postoperative physical therapy and the utilization of Sprix spray for postoperative pain. Also, it was annotated that an intramuscular injection of Depo-Medrol, Kenalog and Toradol was given. The treatment plan also included prescribed medications of naproxen, Ultram and gabapentin. The Request for Authorization for a retrospective intramuscular injection of Toradol, 2 mL of Depo-Medrol and 2 mL of Kenalog was submitted on 02/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Intramuscular Injection of Toradol 2cc Depo Medrol and 2cc Kenalog Date of Services 2/14/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Occupational Medicine Pages: 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Injection with anesthetics and/or steroids.

Decision rationale: The request for a retrospective intramuscular injection of Toradol, 2 mL of Depo-Medrol and 2 mL of Kenalog with the date of service of 02/14/2014 is not medically necessary. The Official Disability Guidelines (ODG) state that pain injections in general are consistent with the intent of relieving pain, improving function, decreasing medications and encouraging a return to work; repeat pain and other injections not otherwise specified in a particular section of the Official Disability Guidelines should, at the very minimum, relieve pain to the extent of 50% for a sustained period and clearly result in a documented reduction in pain medications, improved function and/or a return to work. In the clinical notes provided for review, there is not enough documentation of the injured worker's pain level status with or without the prescribed medications. In the clinical notes, there is documentation of the injured worker stating that she reported weakness and numbness and tremor; however, there was no indication of an unsteady gait or dizziness to indicate functional deficits. There is not enough of documentation of the physician documenting the efficacy of the injection postprocedure. Furthermore, the guidelines state that pain injections should result in a reduction in pain medications; however, the physician prescribed more pain medications. Therefore, the request for a retrospective intramuscular injection of Toradol, 2 mL of Depo-Medrol and 2 mL of Kenalog with a date of service of 02/14/2014 is not medically necessary.