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| Case Number: | CM14-0074296 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 03/08/2006 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 04/30/2014 |
| Priority: | Standard | Application Received: | 05/21/2014 |

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, Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 66-year-old female with a reported date of injury on 03/08/2006. The mechanism of injury was noted to be from a slip and fall. Her diagnoses were noted to include cervical spine discopathy, L4-5 lumbar spine discopathy, status post lumbar spine surgery, hemilaminectomy to L5-S1, bilateral knee strain/arthrosis with possible medial meniscus tear, and post-traumatic headaches. Her previous treatments were noted to include trigger point injections, home exercise program, injections, and physical therapy. The progress note dated 03/21/2014 revealed complaints of lumbar spine pain that had increased since the last office visit. The injured worker continued to complain of intermittent neck pain that varied with intensity and constant bilateral knee pain. The physical examination of the cervical spine revealed positive Spurling's test. The physical examination of the lumbar spine revealed diffuse tenderness to the midline at the L1-S1, including the bilateral paraspinal muscles. The examination revealed a positive straight leg raise with bilateral leg raise position, and the motor strength was rated 5/5. The Request for Authorization form dated 03/21/2013 was for 2 cc of 60 mg of Toradol, 1 cc 1% lidocaine, and 1 cc of Depo-Medrol with 2 cc of 1% lidocaine; however, the provider's rationale was not submitted within the medical records. The Request for Authorization form for the trigger point injections and the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 1cc Depo-Medrol with 2 cc of 1% Xylocaine Injection into the Left Gluteus Medias, Qty: 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: The injured worker received the Depo-Medrol injection in 03/2014. The Official Disability Guidelines recommend corticosteroid in limited circumstances for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication. The corticosteroids are not recommended for acute non-radicular pain or chronic pain. The guidelines' criteria for the use of corticosteroids is the patient should have clear cut signs and symptoms of radiculopathy; the risk of steroids should be discussed with the patient documented in the record. The patient should be aware of evidence that research provides limited evidence of effect with this medication; and it should be documented in the record, that current research indicates early treatment is most successful, treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation, or when there has been evidence of a new injury. There is a lack of documentation consistent with radiculopathy other than a positive straight leg raise. There is a lack of documentation regarding the injured worker complaining of radicular pain. The guidelines state the injured worker should have clear cut signs and symptoms of radiculopathy, and there is a lack of documentation regarding clinical findings consistent with radiculopathy. Therefore, the request is not medically necessary.

Retrospective 2cc of 60 mg Toradol with 2 cc of 1% Xylocaine Injection into the Right Gluteus Medias, Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections (TPIs) Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Ketorolac (Toradol) Page(s): 72.

Decision rationale: The injured worker received a Toradol injection in 03/2014. The California Chronic Pain Medical Treatment Guidelines states that Toradol is not recommended for chronic or minor painful conditions. The injured worker has chronic pain; and therefore, Toradol is not appropriate. Therefore, the request is not medically necessary.

Retrospective Trigger Point Injections (TPIs), Qty: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122-123.

Decision rationale: The injured worker received a trigger point injection in 03/2014. The California Chronic Pain Medical Treatment Guidelines recommend trigger point injections only for myofascial pain syndrome with limited lasting value. The guidelines do not recommend trigger point injections for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. The guidelines' recommend trigger point injections for the treatment of chronic low back or neck pain with myofascial pain syndrome when the criteria are met, such as documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain, symptoms 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 is not present; trigger points with any substance other than local anesthetic with or without steroid are not recommended. There is a lack of documentation regarding circumscribed trigger points with evidence of a twitch response upon palpation, as well as referred pain. Therefore, the request is not medically necessary.