

Case Number:	CM14-0107067		
Date Assigned:	08/01/2014	Date of Injury:	04/05/2002
Decision Date:	01/22/2015	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/10/2014

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 Family Practice and is licensed to practice in New Jersey. 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 74 year-old female who was injured on 4/5/02 due to unknown mechanism. This limited chart only had two progress notes and the utilization review. She complained of low back pain radiating to lower extremities, hip pain, bilateral foot and knee pain. On exam, she had tender lumbar spine and tender bilateral buttocks, positive straight leg rise bilaterally. She was diagnosed with lumbar spine radiculopathy, status post bilateral knee arthroscopic surgery, left hip bursitis, and psychiatric complaints. The patient continued a home exercise program and took Naproxen, Flexeril, Ultracet, and Zantac. The patient had a Xylocaine/Toradol intramuscular injection in right and left buttocks. The current request is to review the medical necessity of the xylocaine/toradol injection in right gluteus medius and the xylocaine/depo medrol in the left gluteus medius.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for date of service 04/15/2014 1cc of Xylocaine with 2cc of Toradol 60mg in the right gluteus medius: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available) Page(s): 72 of 127.

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

Decision rationale: The request is considered not medically necessary. This limited chart with two progress notes describes a patient with lower back pain radiating to bilateral buttocks. A trigger point injection of xylocaine and toradol was given in the right gluteus medius. As per MTUS guidelines, trigger point injections are not recommended for radicular pain which patient has by history on and exam. It is typically recommended for low back or neck pain. The patient did not have trigger points documented on exam. Therefore, the request is not medically necessary.

Retrospective for date of service 04/15/2014 1cc of Depo Medrol with 1cc Xylocaine in the left gluteus medius region: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available) Page(s): 72 of 127.

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

Decision rationale: The request is considered not medically necessary. This limited chart with two progress notes describes a patient with lower back pain radiating to bilateral buttocks. A trigger point injection of xylocaine and depo medrol was given in the left gluteus medius. As per MTUS guidelines, trigger point injections are not recommended for radicular pain which patient has by history on and exam. It is typically recommended for low back or neck pain. The patient did not have trigger points documented on exam. Therefore, the request is not medically necessary.