MAXIMUS Federal Services

Case Number:	CM14-0199307		
Date Assigned:	12/09/2014	Date of Injury:	08/30/2012
Decision Date:	01/23/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehab, has a subspecialty in Pain 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 injured worker is a 36-year-old female who reported an injury on 08/30/2012. The mechanism of injury was a fall from a ladder. The diagnoses included a musculoligamentous strain of the cervical spine, left shoulder rotator cuff injury with impingement, sprain/strain of bilateral wrists. Previous treatments included medication, 12 sessions of physical therapy, and an MRI of the cervical spine shoulder. Diagnostic testing was not submitted for clinical review. Within the clinical note, dated 10/06/2014, it was reported the injured worker complained of pain in the neck and left shoulder. On the physical examination, the provider indicated the injured worker had spasms of the left side of the neck about the left trapezius muscle area. There was tenderness to palpation of the left side of the neck. The range of motion was noted to be flexion of 40 degrees and extension of 20 degrees. The left shoulder revealed tenderness to palpation of the supraspinatus tendon with flexion of the left shoulder at 160 degrees and external rotation at 60 degrees. The provider requested a Toradol injection, dexamethasone injection, Depo-Medrol injection, and a vitamin B12 injection; however, the rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 15mg injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment for Workers' Compensation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Ketorolac (ToradolÂ®)

Decision rationale: The Official Disability Guidelines note ketorolac, also known as Toradol, is indicated for the 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. There is lack of significant clinical documentation warranting the medical necessity for the request. Additionally, the request submitted failed to provide a treatment site. The request submitted failed to provide the number of injections to be administered. As such, the request is not medically necessary.

Dexamethasone 10mg injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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 Official Disability Guidelines note pain injections are consistent with the intent of relieving pain, improving function, and decreasing medications and encouraging return to work, repeat pain in other injections not otherwise specified, in particular. The Official Disability Guidelines state a very minimum relieve pain to the extent of 50% for the sustained period and clearly result in documented reduction of pain medications, improved function, and/or return to work. There is lack of significant documentation indicating the medical necessity for the request. Additionally, there was lack of objective findings stating previous injections had decreased pain to 50%, reduced pain medications, or improved function. The efficacy of the medication was not submitted. Additionally, the request submitted failed to provide the number of injections to be given or a treatment site. As such, the request is not medically necessary.

Depo-Medrol 80mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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 Official Disability Guidelines note pain injections are consistent with the intent of relieving pain, improving function, and decreasing medications and encouraging return to work, repeat pain in other injections not otherwise specified, in particular. The Official Disability Guidelines state a very minimum relieve pain to the extent of 50% for the sustained period and clearly result in documented reduction of pain medications, improved function, and/or return to work. There is lack of significant documentation indicating the medical necessity for the request. Additionally, there was lack of objective findings stating previous injections had decreased pain to 50%, reduced pain medications, or improved function. The efficacy of the medication was not submitted. Additionally, the request submitted failed to provide the number of injections to be given or a treatment site. As such, the request is not medically necessary.

Vitamin B-12 1000mcg injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Vitamin B

Decision rationale: The Official Disability Guidelines do not recommend vitamin B injections for the treatment of chronic pain. Vitamin B is frequently used for treating peripheral neuropathy, but its efficacy is not clear. There was lack of documentation indicating the medical necessity for the request. The request submitted failed to provide a treatment site. The request as submitted failed to provide the number of injections to be given. Additionally, the guidelines do not recommend vitamin B injections for the treatment of chronic pain. As such, the request is not medically necessary.