

Case Number:	CM14-0201152		
Date Assigned:	12/11/2014	Date of Injury:	12/06/2012
Decision Date:	01/31/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/02/2014

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 Interventional spine 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 patient is a 60-year-old male with date of injury of 12/06/2012. The listed diagnoses from 10/29/2014 are: 1. Lumbar myofasciitis, myalgia. 2. Lumbar radiculopathy. 3. Lumbar spine sprain/strain. 4. Knee internal derangement. 5. Knee sprain/strain. 6. Insomnia. According to this report, the patient complains of burning radicular low back pain and muscle spasms. He rates his pain a 6/10 to 7/10. The patient describes it as constant moderate to severe. It is associated with numbness and tingling of the bilateral lower extremities. The patient states that narcotics "are not helping." Examination shows the patient is able to heel-toe walk; however, he has pain in his heel while walking. Squatting is approximately 45% of normal due to pain in the lower back. Palpable tenderness with spasms noted in the lumbar paraspinal muscles and over the PSIS bilaterally. Circumscribed trigger points with positive taut bands, twitch response, positive jump sign with pressure over the bilateral paralumbar muscles were noted. There is decreased lumbar range of motion in all planes due to end-range back pain. Sensory examination is intact in the upper and lower extremities. Motor exam is 5/5 in all muscle groups. Deep tendon reflexes are equal and symmetrical in the bilateral upper and lower extremities. Treatment reports from 07/22/2014 to 10/29/2014 were provided for review. The utilization review denied the request on 11/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection to paralumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections. Decision based on Non-MTUS Citation Title 8 Industrial relations Division 1. Chapter 4.5. Article 5.5.2

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

Decision rationale: This patient presents with a radicular low back pain and is diagnosed with lumbar radiculopathy. The treater is requesting trigger point injection to the paralumbar. The MTUS guidelines page 122 under Trigger Point Injections states that it is recommended only for myofascial pain syndrome with limited lasting value. It is not recommended for radicular pain. MTUS further states that all criteria need to be met including: documentation of trigger points; symptoms persist more than 3 months; medical management therapy; radiculopathy is not present; no repeat injections unless greater than 50% relief is obtained for 6 weeks, etc. The records show that the patient received a trigger point injection to the paralumbar musculatures on 08/15/2014 from which the patient reports, "improvement of his low back pain by 50% for 1 month, but then his low back symptoms gradually returned." In this case, the MTUS Guidelines require at least 50% pain relief obtained for 6 weeks for repeat injections and the patient only reported 1 month of relief of his low back pain. Given that the patient does not meet the criteria for repeat injections and the patient has been diagnosed with radiculopathy, the request is not medically necessary.

Toradol 60mg IM injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Medical Clinic of North America. Volume 91- Number 1-January 2007. Non-Opioid analgesic

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

Decision rationale: This patient presents with a radicular low back pain. The treater is requesting Toradol 60 mg IM injection. The MTUS Guidelines page 72 on ketorolac (Toradol) states, "This medication is not indicated for minor or chronic painful conditions." The records do not show that the patient has received Toradol injection in the past. In this case, the MTUS Guidelines do not support the use of Toradol for chronic painful conditions. The request is not medically necessary.