

Case Number:	CM15-0015932		
Date Assigned:	02/03/2015	Date of Injury:	06/26/2014
Decision Date:	04/01/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Anesthesiology

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 47-year-old female who sustained an industrial injury reported on 6/26/2014. She has reported spasms and radiating pain in the neck, and tenderness in the low back and right shoulder. The diagnoses have included cervical spine disc bulge; cervical radiculitis; lumbar spine disc bulge; partial rotator cuff tear (right); impingement syndrome; and shoulder tendinitis (right). Treatments to date have included consultations; diagnostic imaging studies; physical therapy; and medication management. The work status classification for this injured worker (IW) was noted to be temporary total disability. On 1/23/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/14/2015, for: acupuncture sessions, 2 x a week x 4 weeks, to the cervical & lumbar spine and right shoulder; a Toradol injection 60mg/ml; a Dexamethasone injection 20mg/ml; and a Depo-Medrol injection 40mg/ml. The Medical Treatment Utilization Schedule, chronic pain medical management, shoulder complaints, acupuncture; the Official Disability Guidelines, Ketorolac, shoulder chapter and low back chapter; MDCONSULT.COM, were cited. The progress notes of 1/5/2015 were not available for my review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Acupuncture sessions for cervical, lumbar and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Medical Treatment Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten recovery. The treatment guidelines support acupuncture treatment to begin as an initial treatment of 3-6 sessions over no more than two weeks. If functional improvement is documented, as defined by the guidelines further treatment will be considered. In this case, the patient is currently diagnosed with cervical disc bulge, cervical spine radiculitis, right rotator cuff partial tear, right shoulder impingement syndrome, and right shoulder tendonitis. Management has included medical therapy and physical therapy. There is no documentation indicating whether previous acupuncture therapy has been used and the plan of care is not clearly outlined in the submitted documentation. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Toradol injection #1 dispensed on 1-5-15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, Non selective NSAIDs and Medical Clinics of North America. Volume 91 Number 1, January 2007, Non opioid Analgesics.

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

Decision rationale: According to ODG, Ketorolac (Toradol) in the oral formulation should not be given as an initial dose, but only as continuation following intravenous (IV) or intramuscular (IM) dosing. Toradol, when administered IM may be used as an alternative to opioid therapy. In this case, the patient had complaints of neck, right shoulder and low back pain. There was no documentation that all other oral medications were insufficient to alleviate the symptoms. There is no clear indication as to why the patient required a parental dose of medication. Medical necessity for the requested medication was not established. The requested medication was not medically necessary.

Dexamethasone injection #1 dispensed on 1-5-15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MDCONSULT.COM, Dexamethasone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine (2014), Dexamethasone injection.

Decision rationale: Dexamethasone and its derivatives, dexamethasone sodium phosphate and dexamethasone acetate, are synthetic glucocorticoids used as anti-inflammatory or immunosuppressive agents. In this case, the patient had complaints of neck, right shoulder and low back pain. There was no documentation that all other oral medications were insufficient to alleviate the symptoms. In addition, there is no clear indication as to why the patient required a parental dose of medication. Medical necessity for the requested injection medication was not established. The requested medication was not medically necessary.

Depo medrol injection #1 dispensed on 1-5-15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary last updated 11/21/2014.

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.

Decision rationale: According to ODG, parenteral corticosteroids such as, Depo-Medrol, for low back pain are recommended in limited circumstances for acute radicular pain. Patients should be aware that research has provided limited evidence of effect with this medication. In this case, the patient had complaints of neck, right shoulder and low back pain. There was no documentation that all other oral medications were insufficient to alleviate the symptoms. In addition, there was no clear indication as to why the patient required a parental dose of medication. Medical necessity for the requested injection of Depo-Medrol was not established. The requested medication was not medically necessary.