

Case Number:	CM15-0139584		
Date Assigned:	07/29/2015	Date of Injury:	10/22/2001
Decision Date:	08/31/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/17/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 67 year old female, who sustained an industrial injury on 10-22-2001. Diagnoses have included spondylolisthesis L5-S1 with left sided radiculopathy, mild right shoulder impingement syndrome, chronic cervicgia with cervical sprain-strain and lumbar discopathy. Treatment to date has included medication. According to the progress report dated 6-12-2015, the injured worker complained of persistent neck and low back pain rated six to seven out of ten. Objective findings revealed an antalgic gait with painful heel-toe walk. There was tenderness to palpation to the upper trapezius muscle and paraspinal muscles. The injured worker was unable to put full weight on the left leg due to hip and groin pain. Previous progress reports document that the injured worker was paying out of pocket for acupuncture, which was helping her. Authorization was requested for eight visits of acupuncture for the cervical spine and a retrospective injection of Toradol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical spine and lumbar spine twice a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture when pain medication is not tolerated or can be reduced with this treatment. It can also be used alongside rehabilitation and/or surgery to speed recovery. Some accepted goals include a decreased pain level, improved nausea caused by pain medications, increased range of joint motion, improved relaxation with anxiety, and reduced muscle spasms. Acupuncture treatment can include the use of electrical stimulation. Functional improvement is expected within three to six treatments. The Guidelines support having acupuncture treatments one to three times per week for up to one to two months. The submitted and reviewed documentation indicated the worker was experiencing pain in the lower back and neck. The request was for more treatment sessions that are supported by the Guidelines. There was no discussion suggesting a significant issue with pain medication, indicating the worker would have rehabilitation together with this therapy, specifying the goals of this treatment, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for eight acupuncture sessions for the upper and lower back areas done twice weekly for four weeks is not medically necessary.

Retrospective injection of Toradol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73. Decision based on Non-MTUS Citation Ketorolac (systemic): Drug information, Topic 9152, version 149.0, Up-To-Date, accessed 08/28/2015.

Decision rationale: Toradol (ketorolac) is an injectible medication the non-steroidal anti-inflammatory drugs (NSAID) class. The MTUS Guidelines support the use of NSAIDs for use in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. Ketorolac is FDA-approved for the treatment of moderate-to-severe new pain requiring pain relief at the opioid level for up to five days. There also is literature to support its use in the treatment of migraines. The submitted and reviewed records indicated the worker was experiencing pain in the neck and lower back. There was no discussion describing special circumstances that sufficiently supported this request. Further, the request did not specify the date this injection was given or the dose used. For these reasons, the current request for the prior injection of an unspecified dose of Toradol (ketorolac) is not medically necessary.