

<b>Case Number:</b>	CM15-0034738		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	09/22/2001
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 52-year-old female, who sustained an industrial injury on September 22, 2011. She has reported injury due to repetitive bending and lifting up to 100 pounds. The diagnoses have included chronic pain syndrome, chronic discogenic pain syndrome, secondary myofascial syndrome, back sprain, lumbar disc disease, cervical sprain/strain, right shoulder sprain/strain, upper arm sprain/strain and lumbar sprain/strain. Treatment to date has included diagnostic studies, physical therapy and medications. On January 7, 2015, the injured worker complained of lower back pain rated as a 7 on a 1-10 pain scale. Physical examination revealed tightness in the cervical spine area and myofascial restrictions in the lumbar spine. Straight leg raise was positive at 45 degrees on the right and negative on the left. She noted a 60% reduction in pain with her current treatment plan with the use of Norco at maximum of four tablets a day. On February 6, 2015, Utilization Review non-certified retrospective trigger point injections (date of service 01/07/2015) and retrospective Toradol 60mg IM injection (date of service 01/07/2015), noting the CA MTUS Guidelines. On February 24, 2015, the injured worker submitted an application for Independent Medical Review for review of retrospective trigger point injections (date of service 01/07/2015) and retrospective Toradol 60mg IM injection (date of service 01/07/2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective DOS: 1/7/2015: Trigger Point Injections: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection Page(s): 99.

**Decision rationale:** Retrospective DOS 1/7/2015: Trigger Point Injections is not medically necessary. Per Ca MTUS guidelines which states that these injections are recommended for low back or neck pain with myofascial pain syndrome, when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The claimant's medical records do not document the presence or palpation of trigger points upon palpation of a twitch response along the treatment area; therefore the requested service is not medically necessary.

**Retrospective DOS: 1/7/2015: Toradol 60mg IM Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** Retrospective DOS: 1/7/2015: Toradol 60 mg IM Injection is not medically necessary. Per MTUS guidelines page 67, NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document that the claimant had moderate to severe pain requiring treatment with a Ketorolac injection. In fact, the claimant's pain is chronic and unchanged since the previous office visit. The medication is therefore, not medically necessary.