

Case Number:	CM15-0039773		
Date Assigned:	03/10/2015	Date of Injury:	10/30/2014
Decision Date:	04/14/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/02/2015

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: California
 Certification(s)/Specialty: Emergency 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 43-year-old female, who sustained an industrial injury on 10/30/2014, while working as an irrigator. She reported injury to various bodily areas, including her neck, mid back, and right shoulder. The injured worker was diagnosed as having cervical myospasms, cervical strain/sprain, thoracic myospasms, thoracic strain/sprain, right rotator cuff tear, and right shoulder internal derangement. Treatment to date has included conservative measures, including medications, physical therapy, chiropractic, and acupuncture. Currently, the injured worker complains of intermittent moderate neck pain, frequent and moderated mid to upper back pain, and constant moderate right shoulder pain. Exam of the cervical spine noted painful and decreased range of motion, tenderness to palpation of the cervical paravertebral muscles and right trapezius, and muscle spasm of the right trapezius. Exam of the thoracic spine noted decreased and painful range of motion and tenderness to palpation of the right trapezius and thoracic paravertebral muscles. Exam of the right shoulder noted decreased and painful range of motion, tenderness to palpation of the anterior and posterior shoulder and pain with supraspinatus press, Speed's, Hawkin's, and Neer's testing. A pain consultation progress note, dated 2/19/2015, noted a complaint of loss of sleep, due to pain, anxiety, and depression. Magnetic resonance imaging of the right shoulder, dated 12/22/2014, was submitted. Magnetic resonance imaging of the thoracic spine, dated 12/22/2014, was submitted. Magnetic resonance imaging of the cervical spine, dated 12/22/2014, was submitted. Current medication list was not documented. Progress note states that pt is on Naproxen, Tramadol, Flexeril, Omeprazole and topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections X's 2 (paralumbur muscles): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

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

Decision rationale: Trigger Point Injections may be recommended only for myofascial pain syndrome if patient meets criteria as set by MTUS Chronic pain guidelines. However, the documentation reports that patient fails to meet repeat Trigger Point Injections. Patient does not have a diagnosis of myofascial pain syndrome. Patient does not have a diagnosis of trigger points documented. There is no documentation of failure of pain control. Patient has chronic pain, except for short-term pain control, there is no good rationale provided for injections. Trigger point injection is not medically necessary.

Toradol 60mg IM injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 72.

Decision rationale: Ketorolac/Toradol is a Non-steroidal Anti-inflammatory drug(NSAID) that has significant side effects. As per MTUS Chronic pain guidelines, Ketorolac (Toradol) is not indicated for minor or chronic pain. Pt is receiving a Ketorolac shot every 1 month for chronic pains. The use of Ketorolac for a chronic pain condition is an off label use contravening FDA labeling and has significant risk to the health of the patient. The use of Toradol injection is not medically appropriate and not medically necessary.

Acupuncture sessions, 2x4 (cervical, thoracic, right shoulder): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As per MTUS Acupuncture guidelines, acupuncture trial may be recommended with additional sessions may be considered with appropriate documentation of response. Progress notes state that patient has had unknown number of acupuncture sessions with

no appropriate documentation of objective improvement in pain or function. Additional acupuncture sessions are not medically necessary.

Sleep study consultation: 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), Polysomnography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment Page(s): 1 and 92. Decision based on Non-MTUS Citation ODG: Pain (Chronic): Insomnia.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. As per Official Disability Guidelines, it recommends basic assessment concerning character and cause of insomnia. The provider has failed to document any actual insomnia. Patient has "sleep problems" due to pain. There has not been any documentation of any assessment of sleep quality or character or any conservative treatment for sleep problems. There is no indication for consultation for sleep study consultation.

Consultation with an orthopedic surgeon (cervical, thoracic, right shoulder): 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), Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 1 Prevention Page(s): 1 and 92.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. There is no appropriate rationale for consultation with orthopedics for patient with a chronic unchanged pathology. There is no documented imaging reports or plan for surgery or other intervention. There is no indication for consultation with orthopedics.