MAXIMUS Federal Services

Case Number:	CM15-0041256		
Date Assigned:	03/11/2015	Date of Injury:	10/29/1995
Decision Date:	04/14/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/04/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 65 year old female who sustained a work related injury October 29, 1995. According to a physician's progress report, dated December 15, 2014, the injured worker presented with pain in the neck, rated 9/10 and shoulder, rated 8/10. She is sleeping 4 hours per night and notes a 50% reduction in pain with current treatment plan. Diagnoses included chronic pain syndrome; chronic discogenic pain syndrome and secondary myofascial syndrome. Treatment plan included changing medication and requesting a trial of Ultracet in place of Ultram ER and topical analgesic. The injured worker also received Marcaine trigger point injection and Toradol intramuscular injection during the office visit and was tolerated well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Trigger Point Injections (TPI) x 4 (DOS: 12/15/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition.

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

Decision rationale: When seen by the treating provider, pain was rated at 8-9/10. Physical examination findings included appearing in no apparent distress with an absence of pain behaviors. The treating provider documents cervical spine tightness and lumbar spine myofascial restrictions. Criteria for the use of trigger point injections include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented and therefore trigger point injections are not medically necessary.

Retrospective: Toradol Injection (DOS: 12/15/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition.

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

Decision rationale: When seen by the treating provider, pain was rated at 8-9/10. Physical examination findings included appearing in no apparent distress with an absence of pain behaviors. The treating provider documents cervical spine tightness and lumbar spine myofascial restrictions. The oral form of Toradol (Ketorolac) is recommended for short-term management of moderately severe, acute pain following surgical procedures in the immediate post-operative period. This medication is not indicated for minor or chronic painful conditions. Guidelines recommend Ketorolac, administered intramuscularly, as an alternative to opioid therapy. In this case, the claimant was is no distress and either starting or discontinuing opioid medication was planned. Therefore, the injection was not medically necessary.