

Case Number:	CM14-0117335		
Date Assigned:	08/06/2014	Date of Injury:	11/30/2007
Decision Date:	09/19/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57-year-old male who reported injury on 11/30/2007. The mechanism of injury was not provided. The surgical history included a spinal cord stimulator trial and 2 lumbar surgeries. The injured worker's medications were noted to include Norco between 1 and 4 a day, Gabapentin 600 mg 6 a day, Lidoderm patches daily with Lidoderm ointment, Metanx twice a day, Metoprolol 25mg 2 times a day, Warfarin, Orphenadrine 100mg twice a day for muscle spasms, and Ambien for insomnia. Prior treatments included physical therapy, medications, and a spinal cord stimulator. The documentation indicated the injured worker had pain between 4/10 and 9/10. The injured worker was noted to have trouble with standing and walking, bending, reaching, lifting, and prolonged sitting. The injured worker had pain on extension. The injured worker was noted to undergo a CT and have facet arthropathy. The physical examination revealed the injured worker had decreased sensation over the bilateral legs and subjective pain in both feet. The diagnosis included chronic pain. The treatment plan included a bilateral L3, L4, and L5 medial branch block and a Lidocaine and Toradol trigger point injection to help reduce a flare-up and the need for opioid medications, and avoid a possible emergency room trip. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Lidocaine and toradol trigger point injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections, Toradol Page(s): 72, 121 and 122.

Decision rationale: The California MTUS recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than 3 months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing). The clinical documentation submitted for review failed to indicate the injured worker had circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. The criteria were not met. Additionally, Toradol is not supported per the California MTUS Guidelines for injection. The request as submitted failed to indicate the quantity of medication needed for injection, as well as the location for the injection. Given the above, the Retrospective Request for Lidocaine and Toradol Trigger Point Injection is not medically necessary.