

Case Number:	CM14-0141367		
Date Assigned:	09/10/2014	Date of Injury:	05/16/2012
Decision Date:	10/29/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

This patient is a 46-year-old male with a date of injury of 05/16/2012. According to progress report 06/03/2014, the patient presents with left shoulder and low back pain. She states her low back pain radiates down to the bilateral legs and feet. Examination of the shoulder revealed mildly decreased range of motion on the left, and positive impingement. Examination of the wrist revealed positive Tinel's and Phalen's sign. Examination of the lumbar spine revealed point tenderness upon palpation of the paraspinal region. Lasgue test is positive on the right. The treater is a requesting a Toradol 15 mg injection, Depo-Medrol 80 mg injection x3, and dexamethasone 10 mg injection. Utilization review denied the request on 08/08/2014. Treatment reports from 02/11/2014 through 06/03/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (No DOS provided) Toradol 15mg Injection: 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) Low Back and Shoulder Chapters, Corticosteroids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines under Ketorolac, Academic Emergency Medicine volume V Page(s): 72, 118 and 122.

Decision rationale: This patient presents with left shoulder pain. The treater is requesting a Toradol 15 mg injection. The MTUS Guidelines page 72 under Ketorolac states: "This medication is not indicated for minor or chronic painful condition." Furthermore, the Academic Emergency Medicine volume V page 118 to 122 states "intramuscular ketorolac versus oral ibuprofen in emergency room department patients with acute pain." Study demonstrated that there is no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain. The requested Toradol injection is not medically necessary and recommendation is for denial.

Retro (DOS not provided) Depo-Medrol 80mg injection x 3: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back and Shoulder Chapters, Corticosteroids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Guidelines page 213, subacromial injections Official Disability Guidelines (ODG) ODG Guidelines on shoulder steroid injection under the shoulder chapter

Decision rationale: This patient presents with left shoulder pain. The treater is requesting a Depo-Medrol 80 mg injection x3. Depo-Medrol is an anti-inflammatory glucocorticoid. ACOEM Guidelines page 213 states "2 or 3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. Diagnostic lidocaine injections to distinguish pain sources in the shoulder area, for example, impingement." ODG Guidelines on shoulder steroid injection under the shoulder chapter also states "recommend up to 3 injections, steroid injections compared to physical therapy seemed to have better initial but worse long-term outcomes." In this case, the patient continues with right shoulder pain with a positive impingement test and decreased ROM. ACOEM and ODG allow up to 3 injections for rotator cuff inflammation, impingement syndrome or small tears. Given the patient positive impingement test and continued pain, recommendation is for approval.

Retro Dexamethasone 10 mg Injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back and Shoulder Chapters, Corticosteroids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines page 265, dexamethasone injection

Decision rationale: This patient presents with left shoulder, left wrist, and low back pain. The treater is requesting a dexamethasone 10 mg injection. Utilization review denied the request stating that prior conservative treatment to include the use of NSAID or PT for at least 3 months was not documented. ACOEM guidelines page 265: "Most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. The exception is corticosteroid injection about the tendon sheaths or, possibly, the carpal tunnel in cases resistant to conservative therapy for 8 to 12 weeks. ODG guidelines have the following: "Recommend a single injection as an option in conservative treatment." The medical records do not indicate that the patient has tried injections yet. Given the patient's continued pain and positive findings, a trial injection is within guidelines and recommendation is for approval.