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| Case Number: | CM15-0118899 | | |
| Date Assigned: | 06/29/2015 | Date of Injury: | 05/11/2010 |
| Decision Date: | 08/04/2015 | UR Denial Date: | 05/26/2015 |
| Priority: | Standard | Application Received: | 06/19/2015 |

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 sustained an industrial injury on 5/11/2010. He reported cumulative trauma and lifting injury to the low back, neck, and bilateral shoulders. Diagnoses include cervical disc displacement with radiculopathy, spinal stenosis, radiculopathy, lumbar disc displacement, radiculopathy and stenosis. Treatments to date include activity modification, joint injection, physical therapy, anti-inflammatory, NSAID, muscle relaxer, narcotic, and epidural steroid injections. Currently, he complained of neck pain associated with radiation into bilateral upper extremities, low back pain with radiation into the lower extremities, shoulder pain and loss of sleep. On 5/4/15, the physical examination documented multiple points of tenderness, muscle spasm and palpable muscle spasms. There was decreased range of motion noted and decreased sensation. Trigger point injections were administered on this date and a Toradol intramuscular injection was provided as well. The records indicated pain relief of 50% and increased range of cervical spine motion post trigger injection. The appeal was to authorize these treatments rendered on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for; Trigger point injections performed to Paracervical muscles, quantity: 2, preformed on 5/4/2015: 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: The patient presents with pain affecting the bilateral shoulders, the neck with radiation into the bilateral upper extremities, and low back with radiation into the bilateral lower extremities. The current request is for Retrospective request for; Trigger point injections performed to Paracervical muscles, quantity; 2. The treating physician report dated 5/4/15 (4B) states, "The pain is aggravated by neck movements; and it is relieved with rest and medications. The neck pain is associated with radiating pain, numbness and tingling to both upper extremities." The MTUS guidelines state the following regarding trigger point injections: "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." The guidelines go on to state, "Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." The fourth criteria listed states, "Radiculopathy is not present (by exam, imaging, or neuro-testing)." In this case, the patient presents with neck pain that radiates into the bilateral upper extremities and there are no trigger points documented. The current request does not satisfy the MTUS guidelines as outlined on page 122, as cervical radiculopathy was documented during examination. The current request is not medically necessary.

Retrospective request for; Toradol 60mg IM (intramuscular) injection performed to the right Gluteal musculature, quantity: 1, preformed on 5/4/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac Page(s): 72.

Decision rationale: The patient presents with pain affecting the bilateral shoulders, neck with radiation into the bilateral upper extremities, and low back with radiation into the bilateral lower extremities. The current request is for Retrospective request for; Toradol 60mg IM (intramuscular) injection performed to the right Gluteal musculature. The treating physician report dated 5/4/15 (4B) states, "Toradol 60 mg IM injection performed to the right gluteal musculature." MTUS states on page 72, Ketorolac "This medication is not indicated for minor or chronic painful conditions." Academic Emergency Medicine, Vol 5, 118-122, Intramuscular ketorolac vs oral ibuprofen in emergency 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." In this case, the treating physician has not documented why the patient requires a Toradol injection as opposed to taking oral NSAIDs, which provide comparable level of analgesia per MTUS. Furthermore, the patient presents with low to moderate chronic pain and there is no documentation of a moderate to severe acute flare-up that might require a Toradol injection. The current request is not medically necessary.