

Case Number:	CM15-0129128		
Date Assigned:	07/15/2015	Date of Injury:	08/25/2013
Decision Date:	08/14/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/02/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 45 year old female patient, who sustained an industrial injury on 8/25/2013. The mechanism of injury was not noted. The diagnoses include discogenic cervical pain, cervical radiculopathy, lumbar radiculopathy, and myofascial pain syndrome. Per the doctor's note dated 5/21/2015, she had complains of back pain with radiation to the mid back, described as unchanged. Physical examination of the lumbosacral spine revealed diffuse myofascial tenderness upon palpation and spasm in the paraspinal region, decreased lumbar spine range of motion and positive straight leg raising test. The medications list includes tylenol#3, flexeril, tramadol, soma, indocin, motrin, aleve and prilosec. She was prescribed Tylenol #3 and recommended activity modification and home exercise program. Her work status was previously documented as permanent and stationary. She has undergone left knee arthroscopic surgery and hernia repair. She has had epidural steroid injections and acupuncture visits for this injury. She received trigger point injection of three or more muscles with Celestone and Lidocaine, and a Toradol injection.

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 Injection x 3 with Celestone and Lidocaine, for the lumbar spine, DOS: 05/21/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, page 122.

Decision rationale: Retrospective request for Trigger Point Injection x 3 with Celestone and Lidocaine, for the lumbar spine per the MTUS Chronic Pain Guidelines regarding Trigger point injections state, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Criteria for the use of Trigger point injections: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement." Evidence of Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain is not specified in the records provided. Per the records provided patient had low back pain with radicular symptoms- radiation of pain to the mid back and positive straight leg raising test with diagnosis of lumbar radiculopathy. The cited guidelines do not recommended trigger point injections for patient with radiculopathy. A documentation of failure of prior conservative measures was not provided in the medical records submitted. The Trigger Point Injection x 3 with Celestone and Lidocaine, for the lumbar spine is not medically necessary for this patient.

Retrospective request for Toradol 30mg Intramuscular, DOS: 05/21/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 72 Ketorolac (Toradol, generic available).

Decision rationale: Retrospective request for Toradol 30mg Intramuscular, DOS: 05/21/15 According to MTUS guidelines regarding toradol (ketorolac) "This medication is not indicated for minor or chronic painful conditions." Cited guidelines do not recommended toradol for chronic painful conditions. In addition, any intolerance to oral medication is not specified in the records provided. The request for Toradol 30mg Intramuscular, DOS: 05/21/15 was not medically necessary for this patient at that time.