

Case Number:	CM15-0179509		
Date Assigned:	09/21/2015	Date of Injury:	10/21/2001
Decision Date:	10/30/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/11/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

This 48 year old male sustained an industrial injury on 6-11-00. Documentation indicated that the injured worker was receiving treatment for right shoulder sprain and strain, lumbar sprain and strain, hip or thigh sprain and strain and chronic pain. Previous treatment included right shoulder injection and medications. In a progress note dated 3-3-15, the physician documented that magnetic resonance imaging lumbar spine showed a large posterior disc protrusion with canal stenosis at L4-5. In an orthopedic evaluation of the right shoulder dated 4-9-15, the physician recommended right shoulder arthroscopy with glenohumeral debridement, synovectomy and removal of loose bodies and keeping the injured worker comfortable for as long as possible before his eventual total shoulder replacement. In a PR-2 dated 8-17-15, the injured worker complained of ongoing right shoulder and low back pain, rated 7 to 9 out of 10 on the visual analog scale without medications and 4 out of 10 of 10 with medications. Physical exam was remarkable for lumbar spine with diffuse tenderness to palpation and circumscribed tenderness in the lumbosacral region with local twitch-withdrawal response upon firm palpation and positive bilateral straight leg raise. The injured worker had difficulty with toe stand. The physician stated that the shoulder needed to be fixed before getting the back fixed. The treatment plan included renewing medications (Percocet), requesting authorization for left ankle foot orthosis for left foot drop, requesting right shoulder arthroscopy and reconstruction and requesting authorization for trigger point injections and Ketorolac intramuscular (administered on 8-17-15). On 9-4-15, Utilization Review noncertified a request for trigger point injections and Ketorolac intramuscular (DOS 8-17-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections (DOS 08/17/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: With regard to trigger point injections, the MTUS CPMTG states: "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." "Criteria for the use of Trigger point injections: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. (Colorado, 2002) (BlueCross BlueShield, 2004)" Per the medical records submitted for review, it is noted that the injured worker was previously treated with trigger point injection on 5/8/15, which relieved symptoms by 50% for 2 weeks. As the guidelines call for six weeks of relief to warrant repeat injection, medical necessity cannot be affirmed. Therefore, the request is not medically necessary.

Ketorolac IM (DOS 08/17/15): 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), Pain, Ketorolac (Toradol), NSAIDs.

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

Decision rationale: The MTUS is silent on Toradol injection. Per the ODG guidelines with regard to Ketorolac injections, they are not recommended for the lumbar spine, but are recommended in the shoulder chapter: Recommended as an option to corticosteroid injections, with up to three subacromial injections. Avoid use of an oral NSAID at the same time as the injections. Injection of the NSAID Ketorolac shows superiority over corticosteroid injections in the treatment of shoulder pain. Per the medical records, it was noted per 8/17/15 appointment note that ketorolac 60mg/2mL was given to four trigger point injections, two on each side of the lumbosacral spine. As ketorolac injection to the lumbar spine is not supported by the guidelines, the request is not medically necessary.