

Case Number:	CM13-0011333		
Date Assigned:	06/23/2014	Date of Injury:	04/20/1999
Decision Date:	07/18/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/15/2013

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 62 year old female with date of injury 4/20/1999. The mechanism of injury is not stated in the available medical records. The patient has complained of chronic cervical spine, lumbar spine and right shoulder pain since the date of injury. She has been treated with physical therapy, corticosteroid injections, TENS unit and medications. She has had right shoulder surgery (details not provided) and cervical spine fusion. Objective: bilateral paraspinous cervical spine tenderness, decreased range of motion cervical spine, tenderness to palpation of the lumbar spine paraspinous musculature, decreased range of motion lumbar spine. Diagnoses: cervical spine sprain and fusion, lumbar spine degenerative disc disease , right shoulder strain. Treatment plan and request: IM Toradol 60 mg IM, Lumbar spine epidural corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy, IM injection of Toradol 60 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.UpToDate.com.

Decision rationale: This 62 year old female has complained of chronic neck, lower back and right shoulder pain since date of injury 4/20/1999. She has been treated with surgery, physical therapy, TENS unit, corticosteroid injections and medications. The current request is for Toradol IM injection 60 mg. According to the guidelines cited above, intramuscular Toradol is not indicated for the treatment of chronic conditions. The current duration of time of the patient's complaint of lower back pain meets the definition of a chronic condition. On the basis of the above stated guideline, IM Toradol is not indicated as medically necessary.

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural corticosteroid injections Page(s): 46.

Decision rationale: This 62 year old female has complained of chronic neck, lower back and right shoulder pain since date of injury 4/20/1999. She has been treated with surgery, physical therapy, TENS unit, corticosteroid injections and medications. The current request is for a lumbar epidural corticosteroid injection. According to the MTUS guidelines cited above, prior to performing an epidural corticosteroid injection, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants. There is no documentation of radiculopathy or recent imaging studies nor is there adequate documentation of lack of response to NSAIDs and muscle relaxants. On the basis of this lack of documentation and the MTUS guidelines cited above, a lumbar corticosteroid epidural injection is not indicated as medically necessary.