

<b>Case Number:</b>	CM13-0015136		
<b>Date Assigned:</b>	10/07/2013	<b>Date of Injury:</b>	08/13/2011
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, 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 physician 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 44-year-old female who reported an injury on 8/13/11; she was involved in a motor vehicle accident resulting in pain to her neck, back, head, and upper extremities. She underwent an MRI of the cervical spine, which reported borderline acquired central canal stenosis at C4-5 and C6-7, and borderline to mild acquired central canal stenosis at C5-6 with no neural compromise. She was treated with a cervical epidural steroid injection, and 12 sessions of physical therapy without benefit. She was seen by [REDACTED] in January 2012, and was diagnosed with carpal tunnel double crush syndrome and cervical lumbar discopathy. She also had tenderness and spasms of the cervical muscles, a positive axial loading compression test, a positive Spurling's test, restricted range of motion, and dysesthesia in the C6 and C7 dermatomes. The patient underwent a cervical anterior discectomy and fusion at C5 through C7 on 1/18/13, but still complains of pain in the right shoulder and in the neck. She improved with a course of postoperative physical therapy. A clinical note dated 5/8/13 and signed by [REDACTED] reflected further complaints of neck, mid back, and bilateral upper extremity pain, which she rated 5/10, as well as ongoing low back pain. She completed two sessions of postoperative physical therapy for the cervical spine, but stated that it was doing more harm than good. On 5/15/13, the patient was evaluated by [REDACTED]; she had persistent right shoulder pain and neck pain, but was thought to be improving with a course of postoperative physical therapy. She continued to have symptomatology of the lumbar spine. The patient has a well-healed anterior scar of the cervical spine with tenderness of the cervical paravertebral musculoskeletal and upper trapezius muscles with spasms right greater than left. Examination of the right shoulder revealed tenderness at the subacromial space in the acromioclavicular joint with limited range of motion and weakness. The patient

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**The request for Toradol 30 Intramuscular (IM) injection in the right deltoid on 6/28/13:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines for Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines for Pain (Chronic) - NSAIDS, specific drug list and adverse effects

**Decision rationale:**