MAXIMUS Federal Services

Case Number:	CM13-0043106		
Date Assigned:	12/27/2013	Date of Injury:	11/01/2006
Decision Date:	08/12/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/21/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 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 52-year-old male with an 11/1/06 date of injury, when he was sliding a 4x8x1/4 steel plate off his truck and the plate landed on top of him. 10/21/13 Letter of appeal indicated that diagnosis includes s/p L4-5 fusion (2010); L2-3 and L5-S1 disc protrusions; T12-L1 disc herniation with spinal stenosis; lumbar radiculopathy; and s/p lumbar spine fusion. Clinical findings were reviewed, including increased left leg numbness, tingling and weakness, which are hallmarks of acute radiculopathy. Guidelines supporting the requested treatment were cited. A 9/25/13 note described ongoing low back and lower extremities pain, with leg weakness and onset of right thigh numbness and tingling for the past month. There is worsening posterior thigh issues, which concern the patient. Clinically, there were spasm, and tenderness in the lumbar spine, with reduced range of motion, antalgic gait, and positive SLR. There was decreased sensation at L5-S1. The patient was provided intramuscular injections of DepoMedrol/Kenalog and Toradol for pain. On 9/9/13 AME re-evaluation recommended additional workup, possible lumbar epidurals, and possibly additional surgery. On 3/3/13 x-rays revealed hardware and screws in good position, with no backing out, satisfactory alignment, and good cage position. Treatment to date has included PT, lumbar ESI, L4-5 lumbar fusion (9/25/10), L5-S1 decompression fusion (9/9/12), psychiatric treatment, activity modification, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Depo-Medrol 80mg/Kenalog 80mg injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 10 Chronic Pain page 806 and on the Official Disability Guidelines (ODG) Pain chapter, injections with anesthetics and/or steroids Pain injections general.

Decision rationale: Medical necessity for the requested intramuscular injection of DepoMedrol and Kenalog for pain is established. The ACOEM recommends injection therapy to temporary decrease pain, in order to afford to initiate reductions in use of opioid medications, or encourage performance of exercises that previously may not have been tolerated and functional activities that were not possible before the procedure This request obtained an adverse determination due to lack of guideline support for methylprednisolone/Kenalog IM for chronic pain, and lack of exacerbation noted, with symptom free period prior to increased pain. However, within the context of this appeal, the patient was noted to indeed have an acute exacerbation, with increased pain, numbness and tingling in the left lower extremity, indicating acute radiculopathy. Multiple guideline criteria were provided to support the requested injections. In light of the exacerbation, the unlikelihood of complete resolution of pain prior to the recent increase in symptomatology (due to an extensive surgical history and multiple injuries), the request is substantiated. Therefore, the request is medically necessary

1 Toradol 60mg injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pain (chronic).

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

Decision rationale: Medical necessity for the Toradol injection is substantiated. The patient underwent several spine surgeries, yet remains symptomatic. Subjectively the patient described increased pain, weakness, numbness and tingling in the left lower extremity, prompting the treating provider to provide additional pain treatment with the use of injections. The California MTUS states that Toradol is indicated for the short-term (up to 5 days in adults), management of moderately severe acute pain that requires analgesia at the opioid level. As there was an acute exacerbation, the request is substantiated. Therefore, the request is medically necessary.