

<b>Case Number:</b>	CM13-0052419		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/16/2001
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 61-year-old male who reported an injury on 06/26/2001. The mechanism of injury was not provided for review. The injured worker ultimately underwent fusion at the L3-4, L4-5 and L5-S1 and subsequent hardware removal. The injured worker's treatment history included physical therapy, aquatic therapy, multiple medications, a dorsal column stimulator trial, Toradol injections, activity modifications and assisted ambulation. The injured worker was evaluated on 09/12/2013. It was documented that the injured worker had continued low back pain. Physical findings included tenderness to palpation of the lumbar paraspinal musculature with restricted range of motion. The injured worker's diagnoses included status post 360 degree arthrodesis instrumentation with hardware removal, cervical spine sprain/strain, right shoulder sprain/strain, right groin sprain/strain and bilateral knee sprain/strain. The injured worker's treatment plan included a CT scan of the lumbar spine, referral to Pain Management for a possible morphine pump, electrodes for an interferential unit, a Toradol injection, aquatic therapy and a refill of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE CT SCAN OF THE LUMBAR SPINE WITH AND WITHOUT CONTRAST:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** Requested CT scan of the lumbar spine with and without contrast between 09/12/2013 and 01/03/2014 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends imaging studies for the low back when there is physical evidence of neurological deficit that have failed to respond to conservative treatments. The clinical documentation submitted for review does not provide any evidence of radicular findings to support the need for a diagnostic study. There is no documentation of a significant change in pathology or red flag conditions to support extending treatment beyond guideline recommendations. As such, the requested CT scan of the lumbar spine with and without contrast between 09/12/2013 and 01/03/2014 is not medically necessary or appropriate.

**ONE REFILL OF ELECTRODES FOR IF (INTERFERENTIAL) UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION Page(s): 118.

**Decision rationale:** One refill of electrodes for an interferential unit is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has previously used a TENS unit. However, there is no documentation that the injured worker has previously used an interferential unit. Additionally, California Medical Treatment Utilization Schedule recommends continued use of an interferential unit is based on documentation of functional benefit and symptom response. The clinical documentation submitted for review does not provide any evidence of objective functional improvement resulting from the use of an interferential unit. Therefore, a refill of electrodes for an interferential unit would not be medically necessary or appropriate.

**ONE IM (INTRAMUSCULAR) INJECTION TO TORADOL 60MG:** 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 Official Disability Guidelines (ODG) Pain Chapter, Ketorolac (Toradol) and Injection with anesthetics and/or steroids.

**Decision rationale:** One IM injection of Toradol 60 mg is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has previously had this type of injection. The California Medical Treatment Utilization Schedule does not specifically address this medication. Official Disability Guidelines recommend Toradol be administered in an intramuscular injection. However, Official Disability

Guidelines recommend that medication injections for chronic pain be supported by documentation of functional improvement and pain relief. The clinical documentation submitted for review does not specifically identify functional improvement or a quantitative assessment of pain relief resulting from prior Toradol injections. Therefore, an additional Toradol injection would not be supported. As such, the requested 1 IM injection of Toradol 60 mg is not medically necessary or appropriate.