

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0061190 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 03/03/2008 |
| Decision Date: | 06/16/2014 | UR Denial Date: | 11/20/2013 |
| Priority: | Standard | Application Received: | 12/04/2013 |

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, has a subspecialty in Pain Management, and is licensed to practice in Texas. 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 52-year-old who sustained an injury to his low back on March 3, 2008. The mechanism of injury was not documented. The injured worker was diagnosed with chronic low back pain. A clinical note dated October 10, 2013 reported that the injured worker noted that the effects from the previous lumbar epidural steroid injection had almost worn-off and that he continues to experience low back pain. On physical exam there was decreased range of lumbar range of motion, mild tender lumbar spinous process at L4-S1 to palpation, and normal deep tendon reflexes except decreased right ankle at +1. It was reported that the patient underwent a lumbar epidural steroid injection on July 9, 2013 that provided at least 50% improvement for an unspecified duration which provided pain relief in the entire spine. He was able to perform activities of daily living with greater ease. The treating provider has requested a lumbar steroid injection of the right at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LUMBAR EPIDURAL STEROID INJECTION ON THE RIGHT AT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: The records indicate that the injured worker underwent lumbar epidural steroid injection on July 9, 2013 that provided at least 50% improvement for an unspecified duration. The Chronic Pain Medical Treatment Guidelines states that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The claimant received at least 50% relief from the previous epidural but was still maintained on the same dosage and quantity of analgesic medications and there was no increased radiculopathy on exam. Given the clinical documentation submitted for review, medical necessity of the request for one lumbar epidural steroid injection at right L5-S1 has not been established. The request for one LESI on the right at L5-S1 is not medically necessary or appropriate.

ONE TORADOL 60MG IM INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines KETOROLAC (TORADOL). Decision based on Non-MTUS Citation Official Disability Guidelines

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)

Decision rationale: The patient was diagnosed with chronic low back pain. The previous request was denied on the basis that the patient is being treated for chronic conditions; therefore, use is not warranted. The ODG states that Toradol, when administered intramuscularly, may be used as an alternative to opioid therapy; however, this medication is not indicated for minor or chronic painful conditions. Given the clinical documentation submitted for review, medical necessity of the request for Toradol 60 mg intramuscular injection has not been established. The request for one Toradol 60mg im injection is not medically necessary or appropriate.