

Case Number:	CM14-0000189		
Date Assigned:	01/17/2014	Date of Injury:	04/20/1999
Decision Date:	04/25/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/31/2013

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 who reported injury on 04/20/1999. The mechanism of injury was not provided. The documentation of 11/20/2013 revealed the patient had persistent pain in the neck and shoulder of 7/10. The patient had normal sensory and power testing to bilateral upper and lower extremities, except for weakness 4+/5 and numbness on the right at L5. The patient had decreased range of motion in the cervical and lumbar spine. The patient had positive impingement on the right shoulder with diffuse tenderness and marked decreased range of motion. The diagnoses included painful pseudarthrosis C4-5 status post posterior revision 08/25/2009 rule out HNP; lumbar spine scoliosis with degenerative spondylosis with SSL 4/5 with diffuse DDD and depression, as well as right shoulder impingement. The submitted request was for a retrospective IM Toradol injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 retrospective IM Toradol injection (DOS 11/20/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toradol Injection Page(s): 72.

Decision rationale: The California MTUS Guidelines do not recommend Toradol injections for chronic pain. There was a lack of documentation indicating a necessity for nonadherence to guideline recommendations. Given the above, the request for 1 retrospective IM Toradol injection, date of service 11/20/2013, is not medically necessary and appropriate.