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| Case Number: | CM14-0005417 | | |
| Date Assigned: | 01/24/2014 | Date of Injury: | 02/24/2006 |
| Decision Date: | 06/20/2014 | UR Denial Date: | 12/09/2013 |
| Priority: | Standard | Application Received: | 01/13/2014 |

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 24, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; and earlier lumbar fusion surgery. In a Utilization Review Report dated December 9, 2013, the claims administrator retrospectively denied x-rays performed on October 22, 2013, retrospectively denied a Toradol injection, retrospectively denied vitamin B12 injection, and retrospectively denied a urine drug specimen. The applicant's attorney subsequently appealed. On January 8, 2013, the applicant was described as having a flare in chronic pain and was given a Toradol injection in the clinic. The applicant was described as permanent and stationary and was apparently not working. It was stated that the applicant retained symptomatic lumbar hardware status post earlier fusion surgery. On October 22, 2013, the applicant was again described as having continued symptomatology about the low back. X-rays of the lumbar spine were performed and apparently demonstrated osteolysis of the screws at the levels of L4 and L5. The applicant reportedly had exquisite pain at about L4 and L5, reportedly corresponding to the areas where the hardware had been implanted. The applicant was using a cane. The applicant was apparently given a Toradol injection as well as a vitamin B12 injection in the clinic. It was stated that the applicant was permanently partially disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

(RETRO DOS 10/22/2013) X-RAYS QTY:100: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, CHAPTER 12, 303

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, THIRD EDITION, CHAPTER 12, TABLE 12-8; LOW BACK CHAPTER, FAILED BACK SURGERY SYNDROME SECTION, PAGE 309

Decision rationale: As noted in the Low Back Complaints Chapter of the ACOEM Practice Guidelines, radiographs of the lumbar spine are "recommended" when red flags of fracture are present or when red flags for cancer or infection are present. In this case, the applicant had an analogous condition, namely complication of indwelling lumbar fusion hardware, which was suspected here. Plain film radiographs of the lumbar spine to evaluate the state of the applicant's indwelling lumbar fusion hardware was indicated, given the heightened complaints of pain present on the date in question, October 22, 2013. It is further noted that the Third Edition ACOEM Guidelines do support utilization of appropriate diagnostic testing to help identify pain generators in applicants with failed back surgery syndrome. In this case, the applicant did undergo an earlier lumbar fusion surgery, unsuccessful. Obtaining plain films of the lumbar spine to search for pain generator was medically necessary, for all of the stated reasons and apparently did uncover evidence of osteolysis about some of the surgical screws. The request for x-rays, provided on October 22, 2013, is not medically necessary or appropriate.

(RETRO INTRAMUSCULAR INJECTION OF VITAMIN B-12 WITH MARCAIN 1CC QTY: 1:00,): 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 MTUS: ACOEM PRACTICE GUIDELINES, CHAPTER 11, SPECIAL STUDIES AND DIAGNOSTIC AND TREATMENT CONSIDERATIONS SECTION , PAGE 269

Decision rationale: While the Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines notes that a number of applicants with hand and wrist complaints will have associated diseases such as vitamin B complex deficiency, in this case, however, there is no mention of the applicant's having issues with laboratory-confirmed vitamin B12 insufficiency. There is no history of vitamin B12 insufficiency provided. No rationale for the injection in question was provided. The applicant did not have any hand and wrist complaints. No laboratory tests were attached to document or corroborate the presence of vitamin B12 insufficiency. The request for intramuscular injection of vitamin b-12 with marcaïn 1cc, quantity of one, provided on October 22, 2013, is medically necessary and appropriate.

(RETRO DOS 10/22/2013) INTRAMUSCULAR INJECTION TORADOL 2CC WITH MARCAINE 1CC QTY:100: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES 7/18/2009, , 72

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; ACOEM PRACTICE GUIDELINES, THIRD EDITION, KETOROLAC SECTION, CHRONIC PAIN CHAPTER, TABLE 11, PAGE 72

Decision rationale: While the Chronic Pain Medical Treatment Guidelines does discuss usage of oral ketorolac, the Chronic Pain Medical Treatment Guidelines does not address the need for injectable ketorolac. However, as noted in the Third Edition ACOEM Guidelines, injectable ketorolac or Toradol is considered equivalent to many opioids, including meperidine, and is described as an useful alternative to a single moderate dose of opioids for the management of applicants presenting to the emergency department with severe musculoskeletal low back pain. In this case, the applicant presented to the office setting, reporting an acute flare in chronic low back pain, reportedly severe. The request for intramuscular injection toradol 2cc with marcaine 1cc, quantity of one, provided on October 22, 2013, is medically necessary and appropriate.