

Case Number:	CM14-0008691		
Date Assigned:	02/12/2014	Date of Injury:	10/13/2006
Decision Date:	06/24/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/22/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 45 year old male injured on 10/13/2006 complaining of worsening pain in his low back, left shoulder and arm. The injury occurred while the injured worker was bending over. Documentation notes a physical exam performed showed diffuse tenderness to palpation in the thoracolumbar paraspinals, and decreased sensation in the left lower extremity. On 11/14/13 the injured worker presented with low back pain and left shoulder pain, 8 out of 10. A Toradol injection and MRI were recommended, which was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

STEROID/ANESTHETIC INJECTION; TORADOL INJECTION: Upheld

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, KETOROLAC (TORADOL), 72

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

Decision rationale: According to California Medical Treatment Utilization Schedule (CA MTUS) chronic pain guidelines Toradol (Ketorolac) injections are not indicated for chronic pain. The injured worker sustained injuries in 10/2006. The submitted medical records are very limited

and there is no indication of exacerbation, acute pain or any new injuries. Therefore, the medical necessity of Toradol injection cannot be established based on the available information.