MAXIMUS Federal Services

Case Number:	CM14-0131108		
Date Assigned:	08/20/2014	Date of Injury:	02/11/2004
Decision Date:	09/30/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/15/2014

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 54-year-old female with a reported date of injury on 02/11/2004. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include cervical spine hyperextension/hyperflexion, C5-6 disc herniated nucleus pulposus, bilateral shoulder impingement syndrome, bilateral hand pain, lumbar spine hyperextension/hyperflexion, lumbar disc protrusion/L5-S1 discopathy, right ankle pain, status post lumbar surgery, and status post hardware block. Her previous treatments were noted to include drug therapy, activity modifications, physical therapy, and epidural steroid injection. The progress note dated 09/16/2014 revealed complaints of mild to moderate neck pain along with right upper extremity radiculopathy. The injured worker complained of aching pain to her head and neck rated 8/10 and a stabbing pain in her left arm that she rated 8/10. The injured worker complained of a stabbing pain with pins and needles sensation to her low back and hips rated 8/10. The physical examination of the cervical spine revealed a positive head compression sign with a positive Spurling's maneuver bilaterally. There was exquisite tenderness and muscle spasm noted and pain with scapular retraction. The bilateral levator scapula had swelling flesh inflammation. The range of motion was diminished. The biceps strength and wrist extensor strength were diminished. The dorsum of the hand had diminished sensation and the volar aspect of the forearm and palm were diminished. The physical examination of the lumbar spine revealed tenderness in the paraspinous musculature of the lumbar region along with midline tenderness. There were negative muscle spasms in the lumbar region. There was decreased range of motion to the lumbar spine and intact sensation. The motor examination was noted to be normal and the deep tendon reflexes were equal and symmetric. The provider indicated an intramuscular injection of Toradol was given and the injured worker tolerated the procedure well with no complications. The request for authorization form dated 06/16/2014 was for a

retrospective intramuscular injection consisting of 2 mL of Toradol due to the great deal of pain to the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 Intramuscular 2ml toradol injection, (DOS 6/16/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse effectsKetorolac (Toradol). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Toradol Page(s): 69.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state Toradol is not indicated for minor or chronic painful conditions. The injured worker complained of chronic severe pain and the guidelines do not recommend Toradol injections for chronic conditions. Therefore, the Retrospective request for one Intramuscular 2ml Toradol injection, (DOS 6/16/14) is not medically necessary.