

Case Number:	CM14-0138363		
Date Assigned:	09/05/2014	Date of Injury:	03/15/2003
Decision Date:	09/29/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/26/2014

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:

There were 125 pages provided for this review. The application for independent medical review was signed on August 26, 2014. It was for cervical epidural injection and Toradol 60 mg with Xylocaine 1 mL IM injection performed on May 12, 2014. Per the records provided, the patient was described as a 49-year-old female injured on March 15, 2003. The mechanism of injury occurred when the patient suffered from a repetitive use of a child's desk height computer, resulting in cumulative trauma. Her diagnoses were overuse syndrome of the bilateral upper extremities, tendinitis of the right shoulder, severe AC joint hypertrophy of the right shoulder, bursitis of the right shoulder, lateral and medial epicondylitis of both elbows, tendinitis of both wrists, carpal tunnel syndrome of both wrists and musculoligamentous sprain of the cervical spine with right upper extremity radiculitis; herniated disc of the cervical spine at C4-C5, C5-C6, and C6-C7 and status post anterior cervical discectomy and fusion at C5-C6 and C6-C7 with bone graft of the left ileum. A cervical CT scan from October 15, 2013 demonstrated the fusion, cervical spondylosis, marked narrowing of the disc space at C6-C7 with 3 mm posterior disc protrusion and a severe neural foraminal narrowing and 3 mm posterior disc protrusion. The Agreed Medical Evaluation from November 13, 2013 indicated that additional treatment in the form of posterior fusion was needed. As of May 12, 2014, she had constant neck pain and severe limitation in motion of the neck with numbness of both hands. The plan was to continue medicines and a Toradol injection was administered. There was no documentation of specific neurologic deficits and the CT did not show any nerve root compression. Toradol is not recommended for chronic pain so that service was likewise non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47 of 127.

Decision rationale: The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. The request was appropriately non-certified based on the above specifically due to a lack of documented neurologic signs on neurologic examination corresponding to MRI findings.

Toradol 60mg with Xylocaine 1cc IM Injection performed on 05/12/2014: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference, under Toradol injections.

Decision rationale: Toradol, or Ketorolac, can be injected IM, and may be used as an alternative to opioid therapy. In this case, I would argue that the injection appeared appropriate, due to the acute, severe pain. The pain is often given in the ER setting as a response to acute pain. The initial reviewer's comments regarding Toradol is certainly true in regards to the oral form, but it is more of a standard of care as an acute injection. I support a retrospective certification on this injection.