

Case Number:	CM14-0154504		
Date Assigned:	10/07/2014	Date of Injury:	09/25/2006
Decision Date:	11/17/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/22/2014

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 & 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:

According to the records made available for review, this is a 36-year-old male with a 9/25/06 date of injury. At the time (8/22/14) of request for authorization for Functional Capacity Evaluation and IM Injection of Toradol 60 MG, there is documentation of subjective (radiating low back pain down to the right hip and leg) and objective (extreme tenderness to palpitation over the lateral aspect of the right leg, tenderness to palpitation over the lumbar spine, and decreased range of motion of the lumbar spine) findings, current diagnoses (lower limb complex pain regional syndrome, lumbar sprain/strain, lumbosacral/thoracic neuritis, myofascial pain, and poor coping with chronic pain), and treatment to date (physical therapy and medications including ongoing treatment with Norco)). Regarding Functional capacity evaluation, there is no documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified). Regarding Toradol, there is no documentation of moderately severe acute pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 137-138

Decision rationale: MTUS reference to ACOEM guidelines identifies that functional capacity evaluations (FCE) may establish physical abilities and also facilitate the examinee/employer relationship for return to work. ODG identifies documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified), as criteria necessary to support the medical necessity of a functional capacity evaluation. Within the medical information available for review, there is documentation of diagnoses of lower limb complex pain regional syndrome, lumbar sprain/strain, lumbosacral/thoracic neuritis, myofascial pain, and poor coping with chronic pain. However, there is no documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified). Therefore, based on guidelines and a review of the evidence, the request for Functional Capacity Evaluation is not medically necessary.

IM Injection of Toradol 60 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ketorolac (Toradol); NSAIDS

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Ketorolac (Toradol) is not indicated for minor or chronic painful conditions. ODG identifies that Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. In addition, ODG identifies documentation of moderately severe acute pain that requires analgesia at the opioid level, as criteria necessary to support the medical necessity of Toradol injection. Within the medical information available for review, there is documentation of diagnoses of lower limb complex pain regional syndrome, lumbar sprain/strain, lumbosacral/thoracic neuritis, myofascial pain, and poor coping with chronic pain. In addition, there is documentation of ongoing treatment with opioids. However, despite documentation of radiating low back pain and given

documentation of a 9/25/06 date of injury, there is no (clear) documentation of moderately severe acute pain. Therefore, based on guidelines and a review of the evidence, the request for IM Injection of Toradol 60 MG is not medically necessary.