MAXIMUS Federal Services

Case Number:	CM14-0173977		
Date Assigned:	10/27/2014	Date of Injury:	03/04/2002
Decision Date:	12/04/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/22/2014

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 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 neck and low back pain reportedly associated with an industrial injury of March 4, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar fusion surgery; and reported return to regular duty work. In a Utilization Review Report dated October 3, 2014, the claim administrator conditionally approved request for 12 sessions of physical therapy for the cervical and lumbar spines as 12 sessions of physical therapy for the cervical spine alone and denied a request for Toradol injection. The Toradol denial apparently represented a retrospective denial of an injection given on September 24, 2014. The claims administrator stated that the attending provider had given the injection on applicant request.The applicant's attorney subsequently appealed. In a July 30, 2014 progress note, the applicant reported 5/10 pain with medications versus 9/10 pain without medications. The applicant still had residual neck pain with motion, it was noted. The applicant was status post cervical fusion surgery on March 20, 2014 and a lumbar fusion surgery on July 2007, it was acknowledged. It was again stated that the applicant was working but had had to go home earlier on a few occasions owing to heightened pain complaints. The applicant was returned to regular duty work. Urine drug testing was performed. The urine drug testing of July 30, 2014, it was incidentally noted, was negative for all 12 items on the drug panel. In a September 25, 2014 RFA form, 12 sessions of physical therapy were endorsed, along with retrospective request for a Toradol injection. It did not appear, however, that the September 24, 2014 progress note at issue was attached to the September 25, 2014 RFA form.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy visits for cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculits, the diagnosis reportedly present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that applicants are expected to continue active therapies at home as an extension of treatment process in order to maintain improvement levels. In this case, all information on file points to the applicants having successfully returned to regular duty work. The applicant does not seemingly have significant residual deficits, which would warrant such a lengthy course of physical therapy as is being proposed here. While it is acknowledged that the September 24, 2014 progress note on which the article at issue was sought was not seemingly incorporated into the Independent Medical Review packet, the information which is on file, however, fails to support or substantiate the request. The September 25, 2014 RFA form did not contain any narrative commentary which would offset the unfavorable MTUS positions on the article at issue. Therefore, the request is not medically necessary.

One intramuscular injection of Toradol 60mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic)

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

Decision rationale: While the MTUS does not specifically address the topic of injectable Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does note that oral ketorolac or Toradol is not indicated for minor or chronic painful conditions. By implication, thus, injectable ketorolac or Toradol is likewise not indicated for minor or chronic painful conditions. In this case, the claims administrator's description of events seemingly suggested that the attending provider was, in fact, employing injectable ketorolac or Toradol for chronic pain relief purposes. While it is acknowledged that the September 24, 2014 progress note on which the injection in question was performed was not incorporated into the Independent Medical Review packet, the information which is on file, however, fails to support or substantiate the request. Therefore, request is not medically necessary.