

<b>Case Number:</b>	CM14-0039467		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/02/2010
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 41-year-old male who reported an injury on 03/02/2010. The mechanism of injury was that the injured worker was picking up a wire caddy which weighed approximately 40 pounds when he felt a sharp, shooting pain in his back and down his left leg. The injured worker underwent a decompression and inter-body fusion at the levels of L4-5 and S1. The documentation of 10/15/2013 revealed that the injured worker had complaints of chronic low back pain with radiation to the left foot. The injured worker had an antalgic gait. The diagnoses included failed back syndrome, lumbar radiculopathy and lumbar facet joint disease. The treatment plan included a refill of medications and a discussion on when to proceed with a spinal cord stimulator trial. The documentation of 11/12/2013 revealed that the injured worker was complaining of sleep disturbance and increased low back pain and left foot pain. The documentation indicated that the injured worker still wanted to think about a spinal cord stimulator trial. The treatment plan included a Toradol injection as well as a vitamin B12 injection and a refill of the medications for a 1 month supply and a 1 month followup for medications. The subsequent documentation of 12/11/2013 revealed a refill of Fentanyl 12 mcg/hr and 25 mcg/hr as well as Elavil, clonazepam and Norco. Additionally, the documentation indicated that the injured worker wanted to talk about the spinal cord stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol 30mg intramuscular injection (requested Retrospectively for Date of Service 11/12/13) to treat low back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available) Page(s): 72.

**Decision rationale:** The California MTUS Guidelines do not recommend Toradol for minor or chronic painful conditions. There was a lack of documented rationale for the requested injection. There was no documentation of exceptional factors to support the injection. Given the above, the request for Toradol 30 mg intramuscular injection (requested retrospectively for the date of service of 11/12/2013) to treat the low back is not medically necessary.

**B12 1000mcg intramuscular injection (requested Retrospectively for Date of Service 11/12/13) to treat low back and left foot: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Vitamin B.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Vitamin B.

**Decision rationale:** The Official Disability Guidelines do not recommend the use of Vitamin B for chronic pain as the efficacy is unclear. The clinical documentation submitted for review failed to provide a documented rationale for the request. There was a lack of documentation of exceptional factors. Given the above, the request for B12 at 1000 mcg intramuscular injection (requested retrospectively for the date of service of 11/12/2013) to treat the low back and the left foot is not medically necessary.

**Follow-up Visit (FUV) for medication refill 2-3 weeks from 12/16/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Pain Chapter - Office Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office visits.

**Decision rationale:** The Official Disability Guidelines indicate that the determination for an office visit is based on what medications the injured worker is taking, such as opiates, which could require close monitoring. The clinical documentation submitted for review indicated that as of the date of 12/11/2013, the injured worker's medications were refilled. They were given for a 1 month refill. As such, the request would be supported for 3 weeks from 12/16/2013. However, the request as submitted was for 2 to 3 weeks from 12/16/2013, not specifically for 3 weeks, which would be supported. Therefore, as it was a range, instead of a specific request, the

request would not be supported. Given the above, the request for a followup visit for medication refill at 2 to 3 weeks from 12/16/2013 is not medically necessary.

**Surgical Consult for permanent Spinal Cord Stimulator (SCS) implantation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS). Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cordstimulators), page 101, Spinal cord stimulators (SCS) Page(s): 101; 105; 106.

**Decision rationale:** The California MTUS Guidelines recommend psychological evaluations prior to spinal cord stimulator implantation, which is recommended only for selected injured workers in cases where less invasive procedures have failed or are contraindicated or for specific conditions, including failed back syndrome. The clinical documentation submitted for review failed to provide that the injured worker had a psychological evaluation. As such, a surgical consultation for a permanent spinal cord stimulator implantation would not be medically necessary. Given the above, the request for a surgical consult for a permanent spinal cord stimulator (SCS) implantation is not medically necessary.