

Case Number:	CM14-0052261		
Date Assigned:	07/14/2014	Date of Injury:	10/13/2012
Decision Date:	10/16/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/21/2014

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 Nevada. 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 records presented for review indicate that this 43 year-old male was reportedly injured on 10/13/1012. The mechanism of injury is noted as a motor vehicle accident (MVA). The most recent progress note, dated 3/13/2014 indicates that there are ongoing complaints of neck and back pain. The physical examination demonstrated cervical spine: positive tenderness at the cervical spine, positive tenderness at the lumbar spine with spasms noted. Positive Spurling's test, positive straight leg raise, decreased sensory C-6 dermatome, decreased range of motion. No recent diagnostic studies are available for review. Previous treatment includes medications and conservative treatment. A request had been made for Toradol injection X 2, and was not certified in the pre-authorization process on 4/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol IM injection x2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Injections Ketorolac. Updated 8/27/2014.

Decision rationale: Toradol where it is indicated that the oral formulation should not be given as an initial dose, but only as continuation following IV or IM dosing. The injection is recommended as an option to corticosteroid injections in the Shoulder Chapter, with up to three injections. Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. After review of the medical records provided there was insignificant documentation for justification of this procedure. Therefore this request is deemed not medically necessary.