

<b>Case Number:</b>	CM14-0070776		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/23/2003
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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] who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 23, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; unspecified amounts of physical therapy; reported diagnosis with fibromyalgia; earlier shoulder surgery; earlier carpal tunnel release surgery; and epidural steroid injection therapy. In a Utilization Review Report dated May 8, 2014, the claims administrator denied a request for cervical MRI imaging, denied a Toradol injection, denied a request for a spine surgery consultation, and approved request for consultation with a spine specialist. The applicant's attorney subsequently appealed. In a progress note dated July 9, 2014, the applicant reported persistent complaints of multifocal ankle, low back, knee, and foot pain. The applicant was using a cane. The applicant was asked to consult a rheumatologist for likely fibromyalgia. Glucosamine, Prevacid, Lidoderm, Tylenol No. 3, lorazepam, and naproxen were endorsed. The applicant was asked to pursue a left ankle surgery. Home health aide was also sought. The applicant's work status was not clearly stated. It did not appear that the applicant was working, however. In an earlier note dated May 14, 2014, the primary treating provider complained that the applicant's cervical MRI had been denied. In an earlier note dated April 11, 2014, the applicant reported persistent complaints of neck pain with some radiation of pain into bilateral upper extremities. Positive Spurling maneuver and limited cervical range of motion were noted. Updated MRI imaging of cervical spine was sought on the grounds that the applicant's neck pain had flared. A Toradol injection was apparently performed into the left deltoid muscle owing to a flare of pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 MRI of the cervical spine between 4/11/2014 and 7/1/2014.:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 182..

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does "recommend" MRI or CT imaging to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there is no evidence that the applicant was/is contemplating any kind of surgical intervention insofar as the cervical spine is concerned. There was no indication or statement that the applicant would act on the results of the cervical MRI in question and/or obtain any kind of surgical intervention and/or interventional procedure based on the outcome of the same. It is further noted that the attending provider posited that the applicant's multifocal pain complaints were the result of a diffuse fibromyalgia process as opposed to any focal cervical spine pathology. Therefore, the request is not medically necessary.

**Prospective request for 1 IM (intramuscular) injection of Toradol between 4/11/2014 and 4/11/2014:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**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, then, injectable Toradol is likewise not indicated for minor or chronic painful conditions. In this case, however, the applicant is reportedly having a severe flare of neck and upper extremity pain on and around the date in question, April 11, 2014. An implication of injectable Toradol was indicated to combat the same. Therefore, the request was medically necessary.