

Case Number:	CM14-0169551		
Date Assigned:	10/17/2014	Date of Injury:	02/24/2009
Decision Date:	01/15/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/14/2014

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, has a subspecialty in Interventional Spine, 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 patient is a 39 year old female with an injury date on 2/24/09. Patient complains of continued low lumbar pain per 7/30/14 report. The patient had an epidural steroid injection to the lumbar on 7/3/14 which was beneficial, but the benefit seems to be wearing off with resultant increased lower back pain with secondary bilateral lower extremity pain/weakness per 7/30/14 report. The patient's lower back pain radiates to the mid-back, buttocks, and bilateral feet, and is rated 4/10, and the cervical pain, which radiates to the head, upper back, and bilateral upper extremities, is rated 2/10 per 6/5/14 report. Based on the 8/18/14 progress report provided by the treating physician, the diagnoses are: 1. cervical spine s/s 2. cervical spine radiculopathy 3. thoracic spine s/s 4. lumbar spine s/s 5. lumbar spine radiculopathy. A physical exam on 7/30/14 showed "L-spine range of motion is limited, with extension at 20 degrees. C-spine range of motion is limited with flexion of 40 degrees." The patient's treatment history includes medication, electrodiagnostic studies, chiropractic (7 sessions), and acupuncture (8 sessions). The treating physician is requesting retrospective request for Toradol 60mg IM on 7/3/14. The utilization review determination being challenged is dated 9/23/14. The requesting physician provided treatment reports from 4/22/14 to 8/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Toradol 60mg IM on 7/3/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ketorolac (Toradol), Pain Chapter, NSAIDs, Physician's Desk Reference, Roche Laboratories (April 2004)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter on hyaluronic acid injections

Decision rationale: This patient presents with lower back pain, thoracic pain, neck pain, upper extremities pain, and lower extremities pain. The treater has asked for retrospective request for Toradol 60mg IM administered on 7/3/14 and the request for authorization is dated 7/30/14. The 7/3/14 progress report was not included in the documentation, and the subsequent reports do not mention the Toradol injection. Regarding Toradol, MTUS does not recommend it for minor or chronic pain condition. ODG guidelines recommend it as an option to corticosteroid injections to shoulder, with up to three subacromial injections. In this case, the retrospective request is for a Toradol injection but patient has no documented symptoms of osteoarthritis. MTUS does not support it for chronic pain. In addition, there is no documentation of shoulder pain. Although the included reports and the utilization review letter does not indicate the location of the injection, it does not appear to have been administered to the shoulder. Therefore, the retrospective request for Toradol 60mg IM on 7/3/14 is not medically necessary.