

Case Number:	CM14-0188522		
Date Assigned:	11/19/2014	Date of Injury:	12/09/1999
Decision Date:	01/07/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/12/2014

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 low back pain reportedly associated with an industrial injury of December 9, 1999. In a Utilization Review Report dated October 28, 2014, the claims administrator approved a follow-up office visit, retrospectively denied Solu-Medrol Dosepak, and retrospective denied Toradol injection. Non-MTUS Official Disability Guidelines (ODG) was invoked to approve the office visit. ACOEM Chapter 12 Low Back Complaints was invoked to deny the Medrol Dosepak. The claims administrator stated that its decision was based on an October 8, 2014 progress note. The applicant's attorney subsequently appealed. On October 8, 2014, the applicant reported ongoing complaints of low back pain radiating into the left leg. The applicant was not working, it was acknowledged. The applicant was apparently unable to sleep. The applicant apparently had to go to the emergency department recently owing to an acute exacerbation of low back and left leg pain. The applicant was given Solu-Medrol Dosepak for an acute exacerbation of low back and leg pain and also given an injection of Toradol in the clinic setting. Permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solu-Medrol Dosepak: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, page 308.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308 notes that oral corticosteroids such as the Medrol Dosepak at issue are deemed "not recommended." MTUS 9792.25a qualifies this unfavorable position by noting that, while the MTUS is presumptively correct, that this presumption is rebuttable and may be controverted by a preponderance of scientific medical evidence establishing that a variance from the MTUS is reasonably required to cure or release the applicant from the effects of his/or her injury. In this case, a more updated medical treatment guideline in the Third Edition ACOEM Guidelines Low Back Chapter notes that glucocorticosteroids such as the Medrol Dosepak at issue are recommended for the treatment of acute severe radicular pain syndrome for the purpose of obtaining a short-term relief in pain. Here, the applicant did report acute flare in radicular leg complaints on or around the date in question, October 8, 2014. This flare in radicular symptoms was apparently so significant that it resulted in the applicant's making a trip to the emergency department for said acute flare in pain. A Medrol Dosepak was, thus, indicated to combat the applicant's acute flare in radicular complaints on or around the date of service, October 8, 2014. Therefore, the request was medically necessary.

One intramuscular injection fo Toradol: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oral Ketorolac/Toradol Page(s): 72. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Table 11.

Decision rationale: While the MTUS does not address the topic of injectable Toradol page 72 of the MTUS Chronic Pain Medical Treatment Guidelines notes that oral ketorolac or Toradol is not indicated for minor or chronic painful conditions. By implication, thus, injectable Toradol is likewise not indicated for minor or chronic painful conditions. Here, however, the applicant did present on October 8, 2014 reporting an acute flare in low back and left leg radicular complaints. The applicant had also apparently visited the emergency department owing to said flare of severe leg pain. The Third Edition ACOEM Guidelines Chronic Pain Chapter further notes that a single dose of Ketorolac (Toradol) appears to be a useful alternative to a single moderate dose of opioids in applicants who present with flares of severe musculoskeletal low back pain. Here, the applicant did, in fact, present with severe musculoskeletal low back pain on or around the date in question, October 8, 2014. A shot of injectable Toradol was indicated to combat the same. Therefore, the request was medically necessary.