MAXIMUS Federal Services

Case Number:	CM14-0192893		
Date Assigned:	12/11/2014	Date of Injury:	02/28/2003
Decision Date:	02/04/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/18/2014

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:

Injured worker is a male with date of injury 2/28/2003. Per primary treating physician's progress report dated 10/8/2014, the injured worker complains of low back aching pain with radiation to the lower extremity rated at 8/10. He also complains of ongoing stomach issues, headache rated at 7/10, aching pain in the neck, aching pain in bilateral shoulder rated at 7/10, and aching pain in the bilateral knee rated as 6/10. He is taking tramadol 50 mg, which he states is helping. He also uses creams but states it is not helpful. He is not attending therapy. He is presently not working. On examination he is in mild acute distress. He walks with the assistance of a cane. He has difficulty with heel and toe maneuvers. Lumbar spine reveals tenderness in the paraspinal musculature, bilaterally, with tightness. There is midline tenderness. There is increased spasm to the mid low back. He is unable to accomplish heel and toe walk without increased pain. Sensation testing with a pinwheel is slightly abnormal. There is decreased sensation in the L5-S1 dermatomal distribution. There is 3/5 muscle power in the lower extremities. Lumbar spine range of motion is reduced in all planes. Knee and ankle deep tendon reflexes are 2/2 bilaterally. Sciatic stretch is positive. Straight leg raise maneuver is positive bilaterally. Diagnoses include 1) L2-L3 and L3-L4 disc protrusions with bilateral foraminal stenosis and retrolisthesis at L3-L4 2) status post hardware removal, fusion inspection, glycocalix removal, grafting of scre holes 1/9/2010 3) right sided L5 radiculopathy 4) failed back syndrome 5) status post L4-L5 and L5-S1 anterior lumbar interbody fusion with revision fusion, removal of pseudoarthrosis, removal of fusion cages and insertion of ALIF cage with allograft 8/21/2008 6) status post L4-L5 and L5-S1 laminectomy, decompression, discectomy and posterior lumbar interbody fusion 7/5/2007 7) status post right sided L4-L5 microdiscectomy 7/28/2007 8) peri-incisional hernia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol injection, 2 cc: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section Page(s): 67-75.

Decision rationale: The use of non-steroidal anti-inflammatory drugs (NSAIDs) is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. Toradol is specifically not indicated for chronic pain. The injured worker has had Toradol injections previously, and the efficacy of these injections is not reported in terms of pain reduction or objective functional improvement. The injured worker is not reported to have an acute exacerbation or new injury that may benefit from Toradol injection. There is no explanation of why a Toradol injection is indicated at this time. The request for Toradol injection, 2 cc is determined to not be medically necessary.

Orthopedic re-evaluation within six weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The MTUS Guidelines recommend that patients with potentially work-related low back complaints should have follow-up every three to five days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns. Health practitioners should take care to answer questions and make these sessions interactive so that the patient is fully involved in his or her recovery. If the patient has returned to work, these interactions may be conducted on site or by telephone to avoid interfering with modified- or full-work activities. Physician follow-up can occur when a release to modified-, increased-, or full-duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and seven to fourteen days if the patient is working. Utilization review reports that this request has been denied previously, and the injured worker is provided medications with refills making reevaluation not necessary within six weeks. Periodic follow-up is a standard of practice. The orthopedic surgeon is the primary treating physician and is managing chronic pain. Follow-up within six weeks is supported by the recommendations of the MTUS Guidelines and is reasonable. The request for Orthopedic re-evaluation within six weeks is determined to be medically necessary.