MAXIMUS Federal Services

Case Number:	CM14-0195415		
Date Assigned:	12/03/2014	Date of Injury:	03/19/2008
Decision Date:	01/15/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/21/2014

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 & Rehabilitation, and is licensed to practice in Wisconsin. 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 injured worker is a 42-year-old female who reported injury on 03/19/2008. The mechanism of injury was not clearly provided. The injured worker's diagnoses included lumbar discopathy, L4-5 and L5-S1 disc herniation, and cervical discopathy with bilateral radiculopathy at C5-6. The injured worker's past treatments included medications. The injured worker's diagnostic testing included an MRI of the lumbar spine, which was noted to reveal L3-4 discopathy and disc herniation. The injured worker's surgical history included a left knee surgery on 03/21/2012. On 09/23/2014, the injured worker complained of significant bilateral arm pain, which she rated a 7/10 on the pain scale. She also complained of aching pain in the neck which she rated a 9/10 on the pain scale. She reported experiencing a lot of headaches. She complained of low back pain that she rated a 9/10 with constant radiation to the lower extremities. She complained of pain in the bilateral feet that she rated a 9/10 on the pain scale. She also complained of left knee pain that she rated a 9/10 on the pain scale. She was currently taking tramadol, hydrocodone, Ambien, Xanax, and over the counter ibuprofen. She reported all the medications were helping. She was not attending any form of therapy or working. Upon physical examination, the patient was noted with a positive Spurling's maneuver bilaterally. Head compression sign was markedly positive. The injured worker was noted with tenderness and muscle spasm, both at rest and on range of motion bilaterally. Cervical range of motion was limited with forward flexion at 25 degrees and extension at 20 degrees, with a significant increase in pain. There was decreased grip strength and decreased ulnar nerve sensation. Examination of the lumbar spine revealed tenderness, spasm, and tightness at the paralumbar musculature. Flexion was limited to 20 degrees and extension limited to 20 degrees. The request was for an intramuscular injection of Toradol for acute pain. The Request for Authorization form was signed and submitted on 09/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intramuscular injection of toradol DOS 9/23/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Ketorolac

Decision rationale: The request for Intramuscular injection of toradol DOS 9/23/2014 is not medically necessary. According to the Official Disability Guidelines, the injection may be recommended as an option to corticosteroids, with up to 3 injections. The injured worker complained of pain to multiple body parts and stated the medications were helping. A complete and thorough pain assessment was not included in the documentation to include the intensity of the pain after taking prescribed medications, and how long pain relief lasts. The documentation indicated that the Toradol was for acute pain, but did not specify where the injection was given. The guidelines recommend up to 3 Toradol injections for the treatment of shoulder pain. However, the injured worker did not report shoulder pain. In the absence of documentation with sufficient evidence of a complete and thorough pain assessment (to include intensity of pain after taking prescribed medications, and how long pain relief lasts) and the specified area being treated with the Toradol injection, the request is not supported. Therefore, the request is not medically necessary.