

Case Number:	CM15-0004289		
Date Assigned:	01/16/2015	Date of Injury:	07/14/2003
Decision Date:	03/17/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67 year old female, who sustained a work/industrial injury as an instructional aide at a high school and fell while standing on a chair on 1/14/03. She has reported symptoms of increased lumbar pain with radiation to the right lower extremity pain and fatigue. The diagnoses have included lumbar radiculitis, spasms, stenosis; cervical spondylosis, radiculitis, cervical facet syndrome; and brachial neuritis or radiculitis. Treatment to date has included topical and oral medication. Surgical history included cervical spine surgery on 1/9/12 with fusion at C3-C7 and on 9/14/12 with fusion of C1-C3 for fracture of the odontoid process. A request was made for magnetic resonance imaging (MRI) of lumbar spine, x-rays of lumbar spine, and retro Toradol injection 30 mg IM (date of service: 11/19/14). On 12/10/14, Utilization Review non-certified Magnetic Resonance Imaging (MRI) of lumbar spine, x-rays of lumbar spine, and retro Toradol injection 30 mg IM (Date of service:11/19/14), citing the Medical treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Guidelines, and MTUS, Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low back: MRI

Decision rationale: The patient presents with increased lumbar pain with radiation to the right lower extremity with pain and fatigue. The current request is for MRI Lumbar Spine. The treating physician states, "She is having increased lumbar pain and radiating LE pain and we have not had significant workup for this in a while She is due to follow up with [REDACTED], he had had discussion with her regarding possible surgical revision given suspicions of a nonunion at C6/7 with C1/2 hardware that is malpositioned and is awaiting authorization for the pre-operative workup associated with this." The MTUS guidelines do not address lumbar spine MRI scans. The ODG guidelines lumbar chapter indicates MRI scans for patients with lower back pain with radiculopathy, suspicion of cancer, infection and other red flags. There is no documentation of prior lumbar MRI scan found in the medical records provided. In this case, the patient has worsening radiulopathy and the request for a lumbar MRI is medically necessary.

X-rays of Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The patient presents with increased lumbar pain with radiation to the right lower extremity pain and fatigue. The current request is for X-rays of Lumbar Spine. The treating physician states, "She is having increased lumbar pain and radiating LE pain and we have not had significant workup for this in a while. She is also taking anti-depressant medication and has been having increasing social stressors which negatively impact her pain and thus her ability to reduce her pain medication." The ACOEM guidelines state: Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. In this case, the treating physician has documented a decrease in the effectiveness of current treatment and the physician requires x-rays to assist in patient management. The current request is medically necessary and the recommendation is for authorization.

Retro Toradol Injection 30mg IM (DOS: 11/19/2014): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 72.

Decision rationale: The patient presents with increased lumbar pain with radiation to the right lower extremity pain and fatigue. The current request is for Retro Toradol Injection 30mg IM (DOS:11/19/2014). The treating physician states, "She has been experiencing increased fatigue. She also has been having increased pain as she attempts to reduce her oxycodone/acetaminophen use, with limited success. Due to the severity of her pain she was given a 30g IM injection of Toradol." The MTUS guidelines state: Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. In this case, the treating physician has documented oxycodone/acetaminophen weaning with moderate acute flaring of the lumbar spine that required a Toradol injection for the acute flare-up. The current request is medically necessary and the recommendation is for authorization.