

Case Number:	CM15-0105440		
Date Assigned:	06/09/2015	Date of Injury:	05/01/1997
Decision Date:	07/15/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/01/2015

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 (IW) is a 59-year-old male who sustained an industrial injury on 05/01/1997. Diagnoses include low back pain, gluteal pain and lower extremity radiculopathy. Treatment to date has included medications, transforaminal nerve root blocks and physical therapy. According to the PR2 dated 10/21/14 the IW reported discomfort in the low back and gluteal region with pins and needles sensation to the lower extremities. On examination, there were no new focal or dermatomal deficits. The IW sat forward-flexed, using his arms to support his torso. There was tenderness to the paralumbar and gluteal musculature and sensory dysesthesias in the L3-4 and L5-S1 dermatomal distribution bilaterally. An MRI of the lumbar spine done 10/10/14 showed a well-decompressed region upon the L4-5 region and what appeared to be disc compromise above and below adjacent levels of fusion at the L3-4 and L5-S1 levels. A request was made for six (6) Toradol injections to the lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol injections times 6 to lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDS, specific drug list & adverse effects.

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

Decision rationale: The patient presents with discomfort in the low back and gluteal region with pins and needles sensation to the lower extremities. The current request is for Toradol injections times 6 to lumbar. The treating physician states, in a report dated 10/24/14, "I have offered him a Toradol 60mg IM injection, which he consented and tolerated the procedure well." (9B). There is no discussion regarding why IM NSAIDS were required particularly since the patient is already taking the oral NSAID Meloxicam (Mobic). The MTUS guidelines state for Ketorolac (Toradol), "This medication is not indicated for minor or chronic painful conditions." The current documentation provided by the treating physician indicates that the patient has progressively worsening back pain and there is no documentation of a moderate to severe acute flare-up that might require a Toradol injection. The current request is not medically necessary.