

Case Number:	CM15-0108786		
Date Assigned:	06/18/2015	Date of Injury:	09/30/2010
Decision Date:	07/28/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/05/2015

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: Pennsylvania, Ohio, California
 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 46 year old female who sustained an industrial injury on 9/30/10 when she was pushing a resident in a wheelchair who suddenly put her feet down causing the wheelchair to stop abruptly resulting in pain to the injured worker's mid and low back, neck and right shoulder area. She put her initial pain level at 10/10. She was medically evaluated and underwent epidural injections including rhizotomies in 2011 offering one year of relief. She currently complains of worsening thoracic lumbar pain, low back pain, neck pain and right shoulder pain. Her pain level is 7/10. On physical examination there was decreased range of motion of the throcolumbar region; tenderness to palpation of the perithoracic, paralumbar musculature, upper gluteal region. Positive straight leg raise bilaterally and positive facet loading sign. Medications were Norco, ibuprofen, Zanaflex. Diagnoses include thorocolumbar pain; facet arthropathy. Treatments to date include medications; physical therapy; epidural steroid injections. Diagnostics include MRI of the lumbar spine (10/9/13) showing evidence of vertebral fracture; MRI of the lumbar spine (3/5/15) showing mild degenerative changes of lumbosacral spine, intervertebral disc bulge, disc protrusion, multilevel facet arthropathy. In the progress note dated 4/24/15 the treating provider's plan of care included requests for bilateral thoracic epidural steroid injection to L2-3 and L5-S1; intravenous push Toradol medication cocktail.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right and left L2, L3, L5 and S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid Injections Page(s): 46.

Decision rationale: MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. This request is not medically necessary.

IV Toradol cocktail including Ketorolac tromethamine, Dexamethosone sodium phosphate, Magnesium sulfate, Lidocaine HCl, Vitamin B-12 cyanocobalamin: Upheld

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).

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

Decision rationale: MTUS discusses an FDA black box warning stating that Toradol is not indicated for minor or chronic painful conditions. Thus the guidelines explicitly do not recommend Toradol for a chronic condition such as the present case. This request is not medically necessary.