

Case Number:	CM15-0019167		
Date Assigned:	02/09/2015	Date of Injury:	12/18/2001
Decision Date:	04/02/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/02/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 62 year old male, who sustained an industrial injury reported on 12/18/2001. He reported persistent back and leg pain, with a request for refill on medications. The diagnoses were noted to have included displacement of lumbar intervertebral disc without myelopathy; status-post epidural steroid injection lumbar 3-4 annular tear and stenosis. Treatments to date have included consultations; diagnostic imaging studies; lumbosacral surgery; epidural steroid injection therapy; and medication management. The work status classification for this injured worker (IW) was noted to be permanent and stationary, and not working. On 1/5/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/2/2015, for 4 Toradol 60mg injection, in a year. The Medical Treatment Utilization Schedule, chronic pain physical medicine guidelines, Ketorolac/Toradol, epidural steroid injections, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 60mg, injection (in 1 year), QTY: 4: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Injection with anesthetics and/or steroids.

Decision rationale: According to the Official Disability Guidelines, an injection must be given with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work. Repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work. There is no documentation of the above criteria. Toradol 60mg, injection (in 1 year), QTY: 4 is not medically necessary.