

Case Number:	CM15-0162190		
Date Assigned:	08/28/2015	Date of Injury:	09/08/2006
Decision Date:	10/05/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	08/18/2015

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: 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 54 year old male who sustained an industrial injury on 9-8-2006. He has reported neck pain that radiated down the left lower extremity and left shoulder. There was lower back pain that radiated down the right lower extremity right greater than left. Pain was rated a 9 out of 10 with medications and without medications a 10 out of 10. Pain was reported as unchanged since his last visit. Diagnoses included chronic pain other, failed back syndrome, lumbar, lumbar radiculopathy, status post fusion, lumbar spine, and status post right elbow surgery. Treatment has included medications and injections. Lumbar lordosis was decreased. Tenderness was noted upon palpation in the bilateral paravertebral area L4-S1 levels, in the right buttock, of the right piriformis notch in the spinal vertebral area L4-S1 levels. Range of motion to the lumbar spine was moderately to severely limited. Facet signs were present in the lumbar spine bilaterally. Straight leg raise in the seated position were positive bilaterally at 50 degrees. Straight leg raise in the supine position and the leg fully extended was positive in the bilateral lower extremities at 45 degrees. The treatment plan included an epidural steroid injection, home exercise program, and medications. The treatment request included range of motion testing, Toradol 60 mg-Vitamin B-12 100 mcg injection, Ketorlac Tromethamine per 15 mg injection, and psychological testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective range of motion testing (DOS 06/02/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Functional Improvement Measures.

Decision rationale: The current request is for Retrospective range of motion testing (DOS 06/02/15). Treatment has included medications, lumbar surgery, physical therapy and epidural injections. The patient is currently not working. MTUS guidelines page 48 does discuss functional improvement measures where physical impairments such as "joint ROM, muscle flexibility, strength or endurance deficits" include objective measures of clinical exam findings. It states, "ROM should be documented in degrees." ODG-TWC, Pain Chapter under Functional Improvement Measures states that it is recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The following category should be included in this assessment including: Work function and/or activities of daily living, physical impairments, approach to self-care and education. Per report 06/02/15, the patient presents with neck, lower back and right elbow pain. The patient had a caudal ESI which provided 50-80% relief. Examination revealed decreased lumbar lordosis, tenderness in the bilateral paravertebral area at L4-S1, moderately to severely limited ROM, and positive SLR and facet sign bilaterally. In this case, the treater has not provided a medical rationale for the request. ROM measurements can be easily obtained via clinical examination, which was provided on 06/02/15. ODG guidelines recommend range of motion testing and muscle testing as part of follow-up visits and routine physical examination. However, ROM testing is not recommended as a separate billable service. Therefore, the request IS NOT medically necessary.

Retrospective Toradol/60mg/Vitamin B-12 1000mcg injection (DOS 06/02/15): 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, B vitamins & vitamin B complex.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toradol: Ketorolac Page(s): 72. Decision based on Non-MTUS Citation Academic Emergency Medicine, Vol 5, 118-122.

Decision rationale: The current request is for Retrospective Toradol/60mg/Vitamin B-12 1000mcg injection. Treatment has included medications, lumbar surgery, physical therapy and epidural injections. The patient is currently not working. The MTUS Guidelines states regarding Toradol: Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. Review of reports does not

show any discussion regarding the use of Toradol injection other than for the patient's chronic pain. MTUS does not support Toradol for chronic pain. Academic Emergency Medicine, Vol 5, 118-122, "Intramuscular ketorolac vs oral ibuprofen in emergency department patients with acute pain" study demonstrated that there is no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain. Per report 06/02/15, the patient presents with neck, lower back and right elbow pain. The patient had a caudal ESI which provided 50-80% relief. Examination revealed decreased lumbar lordosis, tenderness in the bilateral paravertebral area at L4-S1, moderately to severely limited ROM, and positive SLR and facet sign bilaterally. The patient was given a Toradol injection with B12 at this visit, for "the patient's acute increase in pain." Review of the medical file indicates that the patient also received an injection on previous visit on 05/01/15 for "acute pain." While this patient presents with significant pain complaints, IM Toradol is not recommended for chronic pain conditions. In the absence of evidence of acute flare-ups or injury, the requested injection is not supported by guidelines and cannot be substantiated. The request IS NOT medically necessary.

Retrospective Ketorolac Thromethamine per 15mg injection (DOS 06/02/15): 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, Ketorolac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toradol: Ketorolac Page(s): 72. Decision based on Non-MTUS Citation Academic Emergency Medicine, Vol 5, 118-122.

Decision rationale: The current request is for Retrospective Ketorolac Thromethamine per 15mg injection (DOS 06/02/15). Treatment has included medications, lumbar surgery, physical therapy and epidural injections. The patient is currently not working. The MTUS Guidelines page 72 states regarding Toradol: Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. Review of reports does not show any discussion regarding the use of Toradol injection other than for the patient's chronic pain. MTUS does not support Toradol for chronic pain. Academic Emergency Medicine, Vol 5, 118-122, "Intramuscular ketorolac vs oral ibuprofen in emergency department patients with acute pain" study demonstrated that there is no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain. Per report 06/02/15, the patient presents with neck, lower back and right elbow pain. The patient had a caudal ESI which provided 50-80% relief. Examination revealed decreased lumbar lordosis, tenderness in the bilateral paravertebral area at L4-S1, moderately to severely limited ROM, and positive SLR and facet sign bilaterally. The patient was given a Toradol injection with B12 at this visit, for "the patient's acute increase in pain." Review of the medical file indicates that the patient also received an injection on previous visit on 05/01/15 for "acute pain." This appears to be a duplicate request as Ketorolac Thromethamine and Toradol are the same thing. While this patient presents with significant pain complaints, IM Toradol/Ketorolac is

not recommended for chronic pain conditions. In the absence of evidence of acute flare-ups or injury, the requested injection is not supported by guidelines and cannot be substantiated. The request IS NOT medically necessary.

Retrospective psychological testing (DOS 06/02/15): 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), Mental Illness and Stress, Depression Screening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN OUTCOMES AND ENDPOINTS Page(s): 8.

Decision rationale: The current request is for Retrospective psychological testing (DOS 06/02/15). Treatment has included medications, lumbar surgery, physical therapy and epidural injections. The patient is currently not working. MTUS page 8 under PAIN OUTCOMES AND ENDPOINTS does require the treating physician provide monitoring and make appropriate recommendations. MTUS further states, the "physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives." Per report 06/02/15, the patient presents with neck, lower back and right elbow pain. The patient had a caudal ESI which provided 50-80% relief. Examination revealed decreased lumbar lordosis, tenderness in the bilateral paravertebral area at L4-S1, moderately to severely limited ROM, and positive SLR and facet sings. On 06/02/15 and 03/06/15 the treater states as part of the patient's comprehensive pain management "The beck depression Inventory II (BD-II) a psychological screening and assessment tool" was administered. It was noted that the patient has moderate depression and is taking Prozac 20mgs. It appears that the treating physician is providing psychological testing in the office as part of the "comprehensive pain management." The treater does not elaborate on the requested psychological testing and the medical necessity for additional testing has not been established. This request IS NOT medically necessary.