MAXIMUS Federal Services

Case Number:	CM15-0191859		
Date Assigned:	10/05/2015	Date of Injury:	01/29/2011
Decision Date:	11/18/2015	UR Denial Date:	09/12/2015
Priority:	Standard	Application Received:	09/29/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 43 year old female, who sustained an industrial injury on 1-29-11. The injured worker was diagnosed as having chronic painful lumbar disc degenerative disc disease; back pain; lumbar degenerative disc disease; lumbosacral spondylosis without myelopathy. Treatment to date has included medications. Diagnostics studies included MRI lumbar spine (7-23-15); EMG NCV study lower extremities (1-22-15). Currently, the PR-2 notes dated 8-24-15 indicated the injured worker complains of back pain and her symptoms are unchanged. She reports her pain severity is moderate and exacerbated by all physical activities; relieved by rest and medication. The provider documents the percentage of the day with pain is 100% and rated at "7.5 out of 10 and 10 out of 10 at its worst." The location of her pain is noted to be "across the lumbar spine; radiating into the bilateral hips." The provider documents "Patient presents for a scheduled medication check-up appointment. She is currently in the process of having the RFA approved and his here for a refill of her pain meds: Oxycodone and Methadone which normally helps control her symptoms, but her LBP [low back pain] has been worse lately. She also notes, she has been having worsening bladder incontinence. Approximately 10 years ago, she has a bladder procedure, and at this time, she is not sure if her incontinence is related to her bladder or her spine, but she is very concerned it is related to her back." On physical examination, the provider documents "Lumbar Spine: palpation severe tenderness is present at the lower lumbar spine; range of motion is moderately decreased; Faber test is negative; the straight leg raising test in sitting position is negative bilaterally, the passive straight leg raise test is negative bilaterally; Waddell's test sign negative; left facet load (Kemps test) positive; right facet load (Kemps test)

positive. Motor of the lower extremities 5 out of 5 bilaterally; sensation overall intact to light touch; deep tendon reflexes, overall intact; gait overall no antalgia or ataxia." The treatment plan includes a discussion for the injured worker to see her OB-Gyn for a urologic work-up for her incontinence. He will continue to pursue the RFA. PR-2 note dated 9-2-15 indicated Toradol injection x3 as needed due to "Patient is having severe pain, please approve Toradol 60mg IM to avoid use of the emergency room for pain control." No other documentation or physical examination provided on this note. A MRI lumbar spine dated 7-23-15 impression reveals: 1) Broad-based posterior and right paracentral disc protrusion at L4-5. Right paracentral component of the disc protrusion is more than prior. There is resultant severe right lateral recess stenosis and mild posterior displacement of the right L5 nerve root. The degree of displacement of the right L5 nerve root and the degree of right lateral recess stenosis has progressed since previous 10-18-13. 2) There is a mild broad-based posterior disc bulge with a superimposed annular tear at L3-4. This is unchanged. 3) There is mild posterior disc bulge at L5-S1 and at L2-3 as well as T12-L1. This is similar to prior. 4) There is a small posterior disc protrusion at T11-12. This does not result in a significant central or neural foraminal narrowing and unchanged. 5) Areas of degenerative loss of disc space height within the lumbar spine, consistent with changes of degenerative disc disease, similar to previous. A EMG-NCV study lower extremities dated 1-22-151 impression notes: The left fibular distal onset latency is mildly prolonged. In the absence of other abnormalities, this is of uncertain clinical significance but could potentially represent a mild fibular (peroneal) neuropathy in the ankle. Please correlate clinically. This is otherwise an essentially normal electrodiagnostic study without clear evidence of radiculopathy, plexopathy or large fiber peripheral polyneuropathy. A Request for Authorization is dated 9-29-15. A Utilization Review letter is dated 9-12-15 and non-certification for Toradol injections 60mg intramuscularly (x 3 as needed, in office procedure, for low back. A request for authorization has been received for Toradol injections 60mg intramuscularly (x 3 as needed, in office procedure, for low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol injections 60mg intramuscularly (x 3 as needed, in office procedure, for low back): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Acute & Chronic) - Ketorolac.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Keterolac.

Decision rationale: The MTUS is silent on Toradol injection. Per the ODG guidelines with regard to Ketorolac injections, they are not recommended for the lumbar spine, but are recommended in the shoulder chapter: Recommended as an option to corticosteroid injections, with up to three subacromial injections. Avoid use of an oral NSAID at the same time as the injections. Injection of the NSAID Ketorolac shows superiority over corticosteroid injections in the treatment of shoulder pain. As Toradol injection to the lumbar spine is not supported by the guidelines, the request is not medically necessary.