

Case Number:	CM15-0198417		
Date Assigned:	10/13/2015	Date of Injury:	04/24/2013
Decision Date:	12/01/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/08/2015

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 is a 44-year-old female, who sustained an industrial injury on April 24, 2013, incurring low back injuries. She was diagnosed with a lumbar sprain, lumbar radiculitis and lumbar intervertebral disc without myelopathy. Treatment included anti-inflammatory drugs, pain medications, proton pump inhibitor, acupuncture, and exercises and activity restrictions. Currently, the injured worker complained of constant left low back pain radiating down the leg to the foot. She noted cramping on the back of the thigh and calf. She rated her pain 8 out of 10 with a burning sensation interfering with her activities of daily living. The treatment plan that was requested for authorization on October 8, 2015, included a prescription for an injection of Ketorolac with Lidocaine and a request for 16 visits of acupuncture. On September 24, 2015, a request for an injection of ketorolac with Lidocaine and a request for acupuncture were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketorolac 60mg with Lidocaine 1ml in the upper arm or upper buttock area intramuscularly: 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 Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The records indicate the patient has ongoing low back pain and pain traveling into the left leg and foot. The current request for consideration is Ketorolac 60mg with lidocaine 1ml in the upper arm or buttock area intramuscularly. The 9/26/15 progress report page (26B) offers no rationale for the request of Ketorolac. 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 chronic pain and there is no documentation of a moderate to severe acute flare-up that might require a Toradol injection. In this case, the medical records indicate the patient is suffering from a chronic condition, and has not suffered an acute exacerbation. In light of the fact that the patient is stable on Tramadol and Motrin, there is no indication for Ketorolac injection. The current request is not medically necessary.

Acupuncture 16 visits (2 times a week for 8 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The records indicate the patient has ongoing low back pain and pain traveling into the left leg and foot. The current request for consideration is Acupuncture 16 visits (2x a week for 8 weeks). The Acupuncture medical treatment guidelines do recommend acupuncture for chronic low back pain at a frequency of 1-3 x per week with the time to reach functional improvement within 6 sessions. In this case, the request is for 16 visits which is not consistent with guidelines. A re-evaluation is necessary after 6 sessions to assess for functional improvement and if present additional acupuncture may be indicated. As written, the request is not medically necessary, as it is not consistent with acupuncture medical treatment guidelines.