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| Case Number: | CM15-0211797 | | |
| Date Assigned: | 10/30/2015 | Date of Injury: | 09/26/2013 |
| Decision Date: | 12/14/2015 | UR Denial Date: | 10/08/2015 |
| Priority: | Standard | Application Received: | 10/28/2015 |

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 31 year old male who sustained an industrial injury 09-26-13. A review of the medical records reveals the injured worker is undergoing treatment for lumbar spine facet disease, and lumbar spine degenerative disc disease. Medical records (08-25-15) reveal the injured worker complains of "severe" bilateral leg pain without medications that have been denied. His pain is rated at 8/10 without medications and 4/10 with medications. The physical exam (08-25-15) reveals spasm in the lumbar spine, tenderness to palpation over the facet joints, and decrease sensation at L4-5 bilaterally. L4-5 radiculopathy is present bilaterally. Prior treatment includes medications including Norco, naproxen, oxaprozin, and tramadol, as well as a lumbar epidural steroid injection - which provided pain relief for 2 months, and an unknown number of chiropractic treatments. The treating provider reports the plan of care is a lumbar fusion. The original utilization review (10-08-15) non certified the request for a Toradol injection and an inferential unit for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol injection x 1: Upheld

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

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

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. Toradol is specifically not indicated for chronic pain. In this case, the injured worker is being treated for chronic pain and there is no evidence of an acute exacerbation of controlled pain. The request for Toradol injection x 1 is determined to not be medically necessary.

IF Unit - Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: The MTUS Guidelines do not recommend an interferential stimulator as an isolated treatment, however it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator are not well designed to clearly demonstrate cause and effect. The guidelines support the use of an interferential stimulator for a one month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. In this case, it is noted that the injured worker's pain has been controlled with medications. Additionally, this appears to be requested as an isolated treatment. Furthermore, it is unclear if this is a request for a one month trial or for purchase, and the unit is not recommended for use without the trial and document evidence of benefit. The request for IF Unit - lumbar spine is determined to not be medically necessary.