MAXIMUS Federal Services

Case Number:	CM15-0218113		
Date Assigned:	11/10/2015	Date of Injury:	01/04/2005
Decision Date:	12/29/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/05/2015

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: Texas, New York, 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 applicant is a represented 60-year-old who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of January 4, 2005. In a Utilization Review report dated October 30, 2015, the claims administrator failed to approve requests for MRI imaging of the cervical spine and a ketorolac (Toradol) injection. The claims administrator referenced an October 5, 2015 office visit in its determination. On October 5, 2015, the applicant reported ongoing issues with neck, wrist, and elbow pain, 7/10. The applicant was described as having a history of multilevel disc bulging noted at the C2-C3, C3-C4, C4-C5, and C5-C6 levels, the treating provider reported. The applicant was using butalbital, Robaxin, tramadol, Mobic, and Flector patches, the treating provider reported. 7/10 pain with medications was noted. The applicant was working with permanent limitations imposed by an Agreed Medical Evaluator (AME), the treating provider reported. Multiple medications, a traction device, and an H-wave device were all seemingly renewed. The treating provider also apparently administered Toradol (ketorolac) injection. There was, however, no seeming mention of the applicant's having any acute flare in pain complaints on this date. The applicant carried established diagnoses of C5, C6, and C7 radiculopathy, the treating provider stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: No, the request for MRI imaging of the cervical spine was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CI imaging of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for an invasive procedure, here, however, the October 5, 2015 office visit made no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the cervical spine based on the outcome of the study in question. There was no mention of the applicant having developed any acute neurologic changes on the date in question, October 5, 2015. The applicant's presentation and multifocal pain generators to include the neck, elbow, wrist, etc., argued against any focal nerve root compromise referable to the cervical spine and/or upper extremities for which surgical intervention could be considered or contemplated. Therefore, the request was not medically necessary.

Ketorolac 60mg with lidocaine 1ml is given in the upper arm or buttock area intra-muscularly: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines; Ketorolac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 942 [A] single dose of ketorolac appears to be a useful alternative to a single moderate dose of opioids for the management of patients presenting to the ED with severe musculo- skeletal LBP.

Decision rationale: Similarly, the request for a ketorolac (Toradol) injection was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 72 of the MTUS Chronic Pain Medical Treatment Guidelines, oral ketorolac or Toradol is not indicated for minor or chronic painful conditions. By implication/analogy, injectable ketorolac or Toradol is likewise not indicated for minor or chronic painful conditions. Here, however, there was no mention of the applicant experiencing any acute exacerbation in neck pain complaints on or around the date in question, October 5, 2015. While the Third Edition ACOEM Guidelines Chronic Pain Chapter does acknowledge that a single dose of injectable ketorolac appears to be a useful alternative to a single moderate dose of opioid for applicants who present to the Emergency Department with severe musculoskeletal spine pain complaints, here, again, no mention was made of the claimants experiencing any acute decompensation or acute exacerbation of pain complaints on or around the date in question, October 5, 2015. Therefore, the request was not medically necessary.