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| Case Number: | CM15-0221058 | | |
| Date Assigned: | 11/16/2015 | Date of Injury: | 12/07/2011 |
| Decision Date: | 12/29/2015 | UR Denial Date: | 10/14/2015 |
| Priority: | Standard | Application Received: | 11/10/2015 |

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: Georgia

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 48 year old female who sustained an industrial injury on 12/07/2011. Medical records indicated the worker was treated for an injury to her low back. In the provider notes of 09-28-2015, the worker was seen for persistent mid and low back pain. She has been out of pain medications since her last visit in 01-2015 and has not been able to keep office visits secondary to transportation issues. She is described as struggling with pain. Her pain level is rated as a 10 on a scale of 0-10. She has been to the emergency room for pain medications when her pain has flared. She had authorization for a repeat left L1-L2 transforaminal epidural steroid injection. In 01-2013 she had significant resolution of the left lower extremity radicular symptoms after the epidural. She was also authorized for a Botox injection in 01-2015 but did not get that done. Prior diagnostic tests include a MRI of the thoracic spine 04-19-2012 that showed a 2-3 mm broad-based left-sided bulge at T12-L1, a MRI dated 04-12-2012 that showed mild degenerative disk disease at L2 through L5, and an Electromyogram of bilateral lower extremities from 01-08-2013 was within normal limits. On examination, the worker appears uncomfortable and has significant tenderness in the lumbar and thoracic paraspinal muscles with active spasms and decreased range of motion in all planes. She has a positive leg lift on the left. The treatment plan is to administer a Toradol injection and request an extension on the authorizations and provide pain relief with oral medications also. The worker is permanent and stationary with work restrictions. A request for authorization was submitted for: 1. Retrospective Toradol Injection in Office; 2. Botox Injection 400 Units; 3. Left L1-L2 Transforaminal Epidural Steroid Injection; 4. Ultram 500mg #300 (dispensed); 5. Zanaflex

4mg #60 (dispensed); 6. Ambien 5mg #30 (dispensed) A utilization review decision 10/14/2015 authorized: Left L1-L2 Transforaminal Epidural Steroid Injection; Ultram 500mg #300 (dispensed); Zanaflex 4mg #60 (dispensed); Ambien 5mg #30 (dispensed) And denied the: Retrospective Toradol Injection in Office; Botox Injection 400 Units

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Toradol Injection in Office: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: Retrospective Toradol Injection in Office is not medically necessary. Per MTUS guidelines page 67, NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with acute exacerbation of moderate to severe pain so to prevent or lower the risk of complications associated with cardiovascular disease and gastrointestinal distress. The medical records do not document that the claimant had acute exacerbation of moderate to severe pain requiring treatment with a Toradol injection. In fact, the claimant's pain is chronic remained unchanged since the previous office visit. The medication is therefore, not medically necessary.

Botox Injection 400 Units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines, 2015, Pain, Botulinum toxin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc).

Decision rationale: Botox Injection 400 Units is not medically necessary. Per CA MTUS page 26, Botox is recommended for the treatment of cervical dystonia and/or chronic low back pain in conjunction with a functional restoration program. The medical records lack documentation of a clear indication for Botox injection. Additionally, the request is without pairing of a functional restoration program; therefore, the requested service is not medically necessary.