

Case Number:	CM15-0045838		
Date Assigned:	03/18/2015	Date of Injury:	02/11/2001
Decision Date:	04/23/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/10/2015

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: Massachusetts

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 58-year-old female, who sustained an industrial injury on February 11, 2001. She reported a low back injury. The injured worker was diagnosed as having status post lumbar fusion, acute lumbar spine strain, and lumbar degenerative disc disorder with bulge at L2/3 and L3/4. Treatment to date has included medications, x-rays, and magnetic resonance imaging. On 1/22/15, a magnetic resonance imaging of the lumbar spine reveals no evidence of nerve impingement, and evidence of lumbar fusion. On 1/28/15, she reports that her low back went out on her and she has had pain for the last 7 days. She reports increased pain while washing her hair. She rates her pain as 4/10 with medications and 8/10 without medications. She requests Toradol injections for her pain flare-up. She is not working. The records indicate she has failed treatment with aspirin and ibuprofen, and diclofenac sodium. The request for authorization includes: interferential unit, and retro IM Toradol injection, and drug screen-full panel drug screen, and Anaprox DS Naproxen Sodium 550mg #90, one tablet twice daily for inflammation, and Ultram Tramadol HCL ER 150mg #60, one capsule one time daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar toradol injection (retrospective): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Toradol.

Decision rationale: The ODG state that toradol IM may be used as an alternative to opioid therapy. It should not be used for minor pain or for chronic painful conditions. According to the documents available for review, the IW experienced and acute severe pain flares. This is an appropriate use of this medication. Therefore, at this time the requirements for treatment have been met, and medical necessity has been established.

Interferential (IF) unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM Chapter 12 on Low back pain complaints indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the use of an IF unit. Therefore, at this time the requirements for treatment have not been met, and medical necessity has not been established.