MAXIMUS Federal Services

Case Number:	CM15-0053168		
Date Assigned:	03/26/2015	Date of Injury:	12/21/2012
Decision Date:	05/04/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/20/2015

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, Illinois
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 was a 54 year old female, who sustained an industrial injury, December 21, 2012. The injured worker previously received the following treatments epidural steroid injection March 2, 2015, facet injection, Norco and Ultram. The injured worker was diagnosed with multilevel cervical disc degeneration and bulging with right upper extremity radiculopathy, L4-L5 spondylolisthesis and L2-L3 disc protrusion with bilateral lower extremity radiculopathy. According to progress note of the injured workers chief complaint was persistent back and lower extremity complaints. The pain was described as aching, stabbing pain with pins and needles sensation in the lower back radiating to the right lower extremity. The physical exam noted tenderness of the paraspinal musculature of the lumbar region. There was decreased range of motion of the cervical spine. According to the note of February 9, 2015, the Toradol injection was given and there was decreased sensation at the dermatomes of L4-L5 on the right and that the second and third injections had been approved. The treatment plan included four Toradol injections per year and re-evaluation within 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four Toradol injections per year: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), NSAIDs, specific drug list & adverse effects.

Decision rationale: The injured worker sustained a work related injury on December 21, 2012. The medical records provided indicate the diagnosis of multilevel cervical disc degeneration and bulging with right upper extremity radiculopathy, L4-L5 spondylolisthesis and L2-L3 disc protrusion with bilateral lower extremity radiculopathy. Treatments have included epidural steroid injection March 2, 2015, facet injection, Norco and Ultram. The medical records provided for review do not indicate a medical necessity for Four Toradol injections per year Toradol is a formulation of Ketolarc, NSAIDs. The MTUS does not recommend using it for minor or chronic pain. The Official Disability Guidelines recommends against using it for minor or chronic painful conditions; it is regarded for second-line use unless there were no safer alternatives; when the injection form is used the maximum allowed is three injections.

Re-evaluation in 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: The injured worker sustained a work related injury on December 21, 2012. The medical records provided indicate the diagnosis of multilevel cervical disc degeneration and bulging with right upper extremity radiculopathy, L4-L5 spondylolisthesis and L2-L3 disc protrusion with bilateral lower extremity radiculopathy. Treatments have included epidural steroid injection March 2, 2015, facet injection; Norco and Ultram. The medical records provided for review do not indicate a medical necessity for re-evaluation in 6 weeks. The records indicate the injured worker is not working. The MTUS recommends that even when the medical condition is not expected to change appreciably from week to week, the injured worker be seen frequently for monitoring in order to provide structure and reassurance. Therefore, the MTSU recommends that those who are not working be seen every four to seven days, while those who working are seen every seven to fourteen days, thus making this medically necessary.