

Case Number:	CM15-0059230		
Date Assigned:	04/03/2015	Date of Injury:	06/25/2001
Decision Date:	05/14/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/30/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 6/25/01. Initial injury complaints are not noted. The injured worker was diagnosed as having chronic low back pain; bilateral hip pain; bilateral foot pain; lumbago; degeneration thoracic and lumbar intervertebral disc; degeneration lumbar or lumbosacral intervertebral disc. Treatment to date has included status post multiple level lumbar fusion (NO DATE); physical therapy; status post bilateral plantar gascial releases/tarsal tunnel releases; medications. Currently, the PR-2 notes dated 2/18/15, the injured worker complained of low back pain and remarks that injections have helped along with medications (improves by 75%). Examination demonstrates numbness on the left leg across S1 and left leg sciatica at 60 degrees with tenderness to palpation along plantar fascia. The treatment plan documents low back pain and lumbar radicular pain to leg stating the "radicular pain is due to lumbar stenosis as established by imaging studies, history and physical examination". These notes demonstrate Toradol 60mg IM was given on this date, but notes submitted do not include any diagnostic studies. The provider has requested a Toradol 60mg injection intramuscular x 1(for 2/18/15) and Lumbar epidural steroid injection left-sided L5-S1 x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 60mg injection intramuscular x 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toradol Page(s): 72.

Decision rationale: MTUS discusses an FDA Black Box Warning stating that Toradol is not indicated for minor or chronic painful conditions. The records in this case do not provide an alternate rationale to support the use of this medication in the current chronic situation. The request is not medically necessary.

Lumbar epidural steroid injection left sided L5-S1 x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. This request is not medically necessary.