

Case Number:	CM14-0112748		
Date Assigned:	08/01/2014	Date of Injury:	02/11/2011
Decision Date:	10/08/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/19/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 61-year-old individual was reportedly injured on February 11, 2011. The mechanism of injury was noted as a blunt force trauma secondary to a wheelchair collision. The most recent progress note, dated June 3, 2014, indicated that there were ongoing complaints of diffuse low back pain and right knee pain. The physical examination demonstrated a 5'8", 228 pound individual to be borderline hypertensive (137/92). The gait pattern was described as normal. Straight leg raising was positive. A slight decrease in sensation was noted in the left lateral thigh. Diagnostic imaging studies were not reported in this note. Previous treatment included lumbar fusion surgery, multiple medications, acupuncture, physical therapy, injection therapy and other pain management interventions. A request had been made for Toradol injection and B12 injection and was not certified in the pre-authorization process on July 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol injection in office qty:8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

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

Decision rationale: Toradol is a non-steroidal anti-inflammatory medication not indicated for minor chronic painful conditions. Furthermore, the MTUS guidelines do not support the use of oral Toradol. Therefore, based on the clinical information presented for review, and noting there was low back pain with a radicular component, the guidelines do not support chronic painful conditions being treated with multiple injections of this medication. There is no medical necessity established in the progress notes.

B12 Injection in office qty:8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 9th Edition (web), 2011, Chronic Pain-Medical Food;US National Institutes of Health (NIH) National Library of Medicine (NLM) PubMed, 2010 (<http://www.ncbi.nlm.nih.gov/pubmed/>)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG,; Pain chapter

Decision rationale: It is noted that this type of injection therapy is not addressed in the MTUS or ACOEM guidelines. The parameters noted in the ODG are identified, and this is specifically not recommended. This item is indicated for the treatment of peripheral neuropathies and the injured worker's diagnosis is a spinal cord disc lesion. Therefore, the medical records presented does not support this request.