

Case Number:	CM14-0119864		
Date Assigned:	08/06/2014	Date of Injury:	10/25/1986
Decision Date:	11/14/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/30/2014

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 California. 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 injured worker is a 57-year-old male who sustained an injury on 10/25/86. As per 6/30/14 report, he complained of neck pain (7-9/10) with radiculopathy and numbness to both hands and low back pain (6-7/10) with radiculopathy to both lower extremities. Exam revealed bilateral paraspinal tenderness, bilateral painful rotation at 40 degrees, positive bilateral foraminal closure tests, tenderness to palpation over lumbosacral spine, paraspinal muscle spasms bilaterally, pain with extension past neutral, significant tenderness at the facet joints of L2-3 and L3-4 bilaterally, positive SLR for bilateral L5 radiculopathy, and decreased sensation with pinprick to the dorsal surface of his feet in both L5 nerve roots. C-spine MRI dated 7/11/12 revealed fusion at C4-7. He had L5-S1 laminectomy in 1990 and neck surgery at C4, C5, and C6, and cervical and lumbar rhizotomy. He is currently on Zantac, Valium, Norco, Celebrex, Omeprazole, Pravastatin, and Tramadol. Current medications gives him a good relief and increasing his activity and function throughout the day. He is status post cervical rhizotomy which did provide at least 75% improvement in his cervical pain and increased his ROM and lumbar rhizotomy with at least 80% improvement of the axial low back pain. He reported that the injections last around one year or so. He was given a shot of Dilaudid 1 mg IM injection and Toradol 30 mg IM injection on 4/21/14 in the emergency department. On 5/5/14 visit, he reported that since the TPIs his pain has diminished. His UDS dated 5/11/14 was consistent. Diagnoses include lumbago, failed back surgery/post-laminectomy syndrome lumbar, cervicgia, chronic pain syndrome, encounter for long-term (current) use of other medication, encounter for therapeutic drug monitoring The request for Retrospective Request for Emergency Room Visit, RetrospectiveRequest for Drug Injection - Subcutaneous/Intramuscular, Retrospective Request for Dilaudid Injection 4mg, Retrospective Request for Ketorolac Injection 15mg was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request: Emergency Room Visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent medical examiner and consultation

Decision rationale: As per CA MTUS/ACOEM guidelines, "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Further guidelines indicate consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." In this case, the IW had Emergency Room visit on 4/21/14 and received pain medications. However, there is no record of the ER notes. The reason for ER visit is not documented. As such, the medical necessity of the ER visit is not established due to lack of documentation. Therefore this request is not medically necessary.

Retrospective Request: Drug Injection - Subcutaneous/Intramuscular: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter (Injections with anesthetics and/or steroids)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toradol - Dilaudid Page(s): 72-75.

Decision rationale: As per CA MTUS/ACOEM guidelines, consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." In this case, the IW presented to ER on 4/21/14 and received Toradol and Dilaudid intramuscular injections. The ER records are not available for review. Furthermore the indication for these injections is not documented. As such, the medical necessity of the IM injections is not established due to lack of documentation. Therefore this request is not medically necessary.

Retrospective Request: Dilaudid Injection 4mg: 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 Dilaudid Page(s): 75.

Decision rationale: Per CA MTUS guidelines, Dilaudid is a short-acting opioid that is used for breakthrough pain. In this case, the IW presented to ER on 4/21/14 and received Dilaudid 1 mg intramuscular injection. The ER records are not available for review. As such, the medical necessity of the Dilaudid injection is not established due to lack of documentation. Therefore this request is not medically necessary.

Retrospective Request: Ketorolac Injection 15mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Ketorolac (Toradol)

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

Decision rationale: Per CA MTUS guidelines, Ketorolac (Toradol) is not indicated for minor or chronic painful conditions. In this case, the IW presented to ER on 4/21/14 and received Toradol 30mg intramuscular injection. The ER records are not available for review. As such, the medical necessity of the Toradol injection is not established due to lack of documentation. Therefore this request is not medically necessary.