

Case Number:	CM14-0122391		
Date Assigned:	09/16/2014	Date of Injury:	09/01/1999
Decision Date:	10/31/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	08/01/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 74 year old female injured on 09/01/99 due to an undisclosed mechanism of injury. Neither the specific injuries sustained nor the initial treatments rendered were discussed in the documentation provided. Diagnoses include chronic low back pain, status post L2-L3 laminectomy on October of 2008, lumbar stenosis at L2-3 and L3-4, multi-level degenerative disc disease, myofascial pain/spasm, anxiety and depression, poor sleep hygiene, multiple medication dependency with tolerance and efficacy, hypertension, hypothyroidism, MAO inhibitor therapy for depression, and hyponatremia. Prior treatments include physical therapy, multiple IM corticosteroid injection, surgical intervention, and medication management. Clinical note dated 06/16/14 indicated the injured worker presented complaining of lower back pain with unresolved symptoms. Physical examination of the lumbar spine revealed no gross deformity, spasm of the left lower lumbar area, pain with motion, point tenderness upon palpation throughout the left lumbar region, decreased range of motion, motor strength 5/5 in all muscle groups tested, decreased sensation to the dorsal aspect of the left foot, deep tendon reflexes 2+ bilaterally and 2+ pedal pulses. Medications included Fentanyl patch, Percocet, Nuvigil, Ambien, Vimovo, Zanaflex, Lyrica, Synovacin, and topical analgesic. Treatment plan included medial branch block and possible epidural steroid injection, possible fusion of lumbar spine, and IM injection of Toradol, Dexamethasone, and Depomedrol. The initial request was non-certified on 06/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Depo Medrol 80mg Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Systemic Glucocorticosteroids (aka Steroids).

Decision rationale: As noted in the current ACOEM guidelines, glucocorticosteroids are not recommended for treatment of acute low back pain without radicular pain or mild to moderate radiculopathy or the treatment of subacute or chronic low back pain without radicular pain or mild to moderate radiculopathy. The documentation indicated the injured worker suffers from chronic low back pain which has minimal evidence to support IM injection of steroid therapy. As such, the request for Depo Medrol 80mg Injection is not medically necessary.

Dexamethasone 10mg Injection: 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 Page(s): Systemic Glucocorticosteroids (aka Steroids).

Decision rationale: As noted in the current ACOEM guidelines, glucocorticosteroids are not recommended for treatment of acute low back pain without radicular pain or mild to moderate radiculopathy or the treatment of subacute or chronic low back pain without radicular pain or mild to moderate radiculopathy. The documentation indicated the injured worker suffers from chronic low back pain which has minimal evidence to support IM injection of steroid therapy. As such, the request for Dexamethasone 10mg Injection is not medically necessary.

Toradol 15mg Injection: 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) Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 72.

Decision rationale: As noted on page 72 of the Chronic Pain Medical Treatment Guidelines, Toradol is not indicated for minor or chronic painful conditions. There is no indication in the documentation provided that the injured worker was being treated for an acute injury. As such, the request for Toradol 15mg Injection is not medically necessary.