

Case Number:	CM14-0161252		
Date Assigned:	10/14/2014	Date of Injury:	03/27/2008
Decision Date:	11/14/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/01/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this claimant is a 41-year-old female with a 3/27/08 date of injury. At the time (9/15/14) of request for authorization for Toradol 10mg tablets #20, right L4-5 facet injection, left L4-5 facet injection, right L5-S1 facet injection, left L5-S1 facet injection, needle localization by x-ray, and fluoroscopic guidance, there is documentation of subjective (moderate low back pain) and objective (tenderness over the lumbar paraspinals and pain on range of motion) findings, current diagnoses (lumbar/lumbosacral degenerative intervertebral disc and sciatica), and treatment to date (medications including Norco, Nortriptyline, Sumatriptan, and previous Toradol injection, and acupuncture, chiropractic therapy, treatment with TENS unit, and radiofrequency ablation). Regarding Toradol, there is no (clear) documentation of short-term (up to 5 days) treatment and moderately severe acute pain that requires analgesia at the opioid level. Regarding facet injections, there is no documentation of a non-radicular facet-mediated pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 10mg tablets #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ketorolac (Toradol), NSAIDs, specific drug list & adverse effects

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identify that Ketorolac (Toradol) is not indicated for minor or chronic painful conditions. ODG supports the oral form for short-term use (up to 5 days) in management of moderately severe acute pain that requires analgesia at the opioid level, and only as continuation following IV or IM dosing. Within the medical information available for review, there is documentation of diagnoses of lumbar/lumbosacral degenerative intervertebral disc and sciatica. In addition, there is documentation of moderate pain and previous treatment with Toradol injection. However, given a request of Toradol 10mg tablets in a quantity of 20, there is no (clear) documentation of intent to use for short-term (up to 5 days) treatment. In addition, there is no documentation of moderately severe acute pain that requires analgesia at the opioid level. Therefore, based on guidelines and a review of the evidence, the request for Toradol 10mg tablets #20 is not medically necessary.

1 Right L4-5 facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Medial Branch Blocks (MBBs)

Decision rationale: The MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as a criterion necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of lumbar/lumbosacral degenerative intervertebral disc and sciatica. In addition, there is documentation of failure of conservative treatment (medications, acupuncture, chiropractic therapy, treatment with TENS unit, and radiofrequency ablation) and no more than 2 joint levels to be injected in one session. However, despite documentation of objective (tenderness over the lumbar paraspinals and pain on range of motion) findings, and given documentation of a diagnosis of sciatica, there is no documentation of a non-radicular facet mediated pain. Therefore, based on guidelines and a review of the evidence, the request for 1 right L4-5 facet injection is not medically necessary.

1 Left L4-5 facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Medial Branch Blocks (MBBs)

Decision rationale: The MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as a criterion necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of lumbar/lumbosacral degenerative intervertebral disc and sciatica. In addition, there is documentation of failure of conservative treatment (medications, acupuncture, chiropractic therapy, treatment with TENS unit, and radiofrequency ablation) and no more than 2 joint levels to be injected in one session. However, despite documentation of objective (tenderness over the lumbar paraspinals and pain on range of motion) findings, and given documentation of a diagnosis of sciatica, there is no documentation of a non-radicular facet mediated pain. Therefore, based on guidelines and a review of the evidence, the request for left 1 L4-5 facet injection is not medically necessary.

1 Right L5-S1 facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Medial Branch Blocks (MBBs)

Decision rationale: The MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as a criterion necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of lumbar/lumbosacral degenerative intervertebral disc and sciatica. In addition, there is documentation of failure of conservative treatment (medications, acupuncture, chiropractic therapy, treatment with TENS unit, and radiofrequency ablation) and no more than 2 joint levels to be injected in one session. However, despite documentation of objective (tenderness over the lumbar paraspinals and pain on range of motion) findings, and

given documentation of a diagnosis of sciatica, there is no documentation of a non-radicular facet mediated pain. Therefore, based on guidelines and a review of the evidence, the request for 1 right L5-S1 facet injection is not medically necessary.

1 Left L5-S1 facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Medial Branch Blocks (MBBs)

Decision rationale: The MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as a criterion necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of lumbar/lumbosacral degenerative intervertebral disc and sciatica. In addition, there is documentation of failure of conservative treatment (medications, acupuncture, chiropractic therapy, treatment with TENS unit, and radiofrequency ablation) and no more than 2 joint levels to be injected in one session. However, despite documentation of objective (tenderness over the lumbar paraspinals and pain on range of motion) findings, and given documentation of a diagnosis of sciatica, there is no documentation of a non-radicular facet mediated pain. Therefore, based on guidelines and a review of the evidence, the request for 1 left L5-S1 facet injection is not medically necessary.

Needle localization by x-ray: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Fluoroscopic guidance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.