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| <b>Case Number:</b>   | CM14-0166597 |                              |            |
| <b>Date Assigned:</b> | 10/13/2014   | <b>Date of Injury:</b>       | 10/05/2001 |
| <b>Decision Date:</b> | 11/13/2014   | <b>UR Denial Date:</b>       | 10/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/09/2014 |

### 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 Pain Management and is licensed to practice in New York. 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 54 year old male with a date of injury on 10/5/2001. He injured his lower back and reports persistent pain since time. He was diagnosed with chronic lumbago, lumbosacral spondylosis, and chronic pain syndrome. The magnetic resonance imaging scan of the lumbar spine revealed mild degenerative changes. His treating physician is requesting a lumbar epidural steroid injection and Toradol 60mg intramuscular injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 right paracentral epidural steroid injection under fluoroscopic guidance:** 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 (ESIs) Page(s): 46.

**Decision rationale:** Per Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. In this case, there is no documentation of objective findings of radiculopathy. The injured worker in this case did not have documented motor or sensory deficits noted on physical examination. Therefore, the

requested 1 right paracentral epidural steroid injection under fluoroscopic guidance would not be considered medically necessary.

**Toradol 60 mg IM injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

**Decision rationale:** The injured worker in this case presents with chronic lower back pain since a work accident that occurred on 10/5/2001. Toradol is a medication used to treat acute pain symptoms, but the pain syndrome in this case is chronic in nature. The Chronic Pain Medical Treatment Guidelines state that Toradol is not indicated for chronic painful conditions. Therefore, the requested Toradol 60 mg intramuscular injection would not be considered medically necessary.