

Case Number:	CM14-0166632		
Date Assigned:	10/13/2014	Date of Injury:	05/13/2010
Decision Date:	11/13/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	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 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 51-year-old female who sustained an injury on May 13, 2010. She is diagnosed with (a) cervical disc extrusion and protrusion at C3-C4, C4-C5, and C5-C6; (b) thoracic disc protrusion and extrusion at T7-T8 and T8-T9; (c) lumbar disc herniation at L1-L2 and disc bulge at L3-L4 level; (d) depression; and (e) chronic myofascial pain syndrome. She was seen for an evaluation on September 25, 2014. She has complaints of severe escalation of low back pain shooting down the left leg all the way to the left foot with tingling, numbness, and paresthesia. She also reported constant neck pain radiating down the right upper extremity with tingling, numbness, and paresthesia. The pain was rated 7-8/10. The examination of the lumbar spine revealed increased lumbar lordosis. The range of motion was restricted. Paravertebral muscle spasms and localized tenderness was present on the left side. The left-sided stretch test was strongly positive. There was diminished sensation to light touch in the left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol injection (DOS 9/25/14) QTY: 1: 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 rationale: The Chronic Pain Medical Treatment Guidelines stipulated that Toradol is not indicated for cases of minor or chronic painful condition. The review of medical records fell short in objectively substantiating that the injured worker has had an acute onset of pain at the time the Toradol injection was administered. Hence, the request is not medically necessary at this time.