MAXIMUS Federal Services

Case Number:	CM14-0182392		
Date Assigned:	11/07/2014	Date of Injury:	03/16/2012
Decision Date:	12/15/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/03/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 16, 2012.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; a lumbar support; and extensive periods of time off of work.In a Utilization Review Report dated October 15, 2014, the claims administrator denied a request for Toradol, invoking non-MTUS-ODG Guidelines, despite the fact that the MTUS addressed the topic; denied injectable Decadron, again invoking non-MTUS-ODG Guidelines; denied injectable Depo-Medrol, again invoking non-MTUS-ODG Guidelines despite the fact that the MTUS does addressed the topic; and denied vitamin B12 injection. The request in question represented retrospective denials of injections administered on September 19, 2014.On September 19, 2014, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant was reportedly having difficulty walking. Hyposensorium was noted about the legs with lower extremity strength ranging from 4-5/5. The applicant was given injections of Toradol, Decadron, Depo-Medrol, and vitamin B12 while Voltaren and Soma were prescribed. The applicant was placed off of work, on total temporary disability.On August 15, 2014, the applicant again reported persistent complaints of low back pain radiating into the left lower extremity. The applicant was previously given injections of Toradol, Decadron, Depo-Medrol, and vitamin B12 while Celebrex and Soma were refilled on that occasion. The applicant was, once again, placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol: 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)-TWC Pain Procedure Summary

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

Decision rationale: While the MTUS does not specifically address the topic of injectable Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does note that oral Toradol is not indicated for minor or chronic painful conditions. In this case, there was no mention of the applicant's having an acute flare of pain on or around the date in question, September 19, 2014. It appeared that the applicant was presenting for routine follow-up purposes for her chronic low back pain issues. Injectable Toradol was not indicated in the chronic low back pain context seemingly present on or around the date in question. Therefore, the request for Toradol is not medically necessary.

Dexamethasone: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49,Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines do not address the topic of injectable steroids. While the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49 does acknowledge that steroid injections such as dexamethasone are considered "optional," this tepid recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Here, however, the attending provider did not furnish any rationale for provision of injectable dexamethasone along with injectable Depo-Medrol, another injectable steroid, and injectable Toradol, an injectable NSAID. It was not clearly stated why three separate injections were needed for what appeared to be a routine follow-up visit for chronic low back pain. Therefore, the request for Dexamethasone is not medically necessary.

Depo-Medrol: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49,Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49 does acknowledge that steroid injections such as Depo-Medrol are deemed "optional," this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Here, however, the attending provider did not state why injectable Depo-Medrol was being furnished along with two other injections, namely injectable dexamethasone and injectable Toradol. It was not clearly stated why the applicant needed to receive three separate injectable medications for what appeared to be a routine office visit for chronic low back pain. Therefore, the request for Depo-Medrol is not medically necessary.

Vitamin B-12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Vitamins section

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter does note that vitamins are not recommended in the treatment of chronic pain in absence of documented nutritional deficiency or confirmed nutrient-deficient state. In this case, however, there was no mention of the applicant's having a bona fide vitamin deficiency on or around the date in question, September 19, 2014. Therefore, the request for Vitamin B-12 is not medically necessary.