

Case Number:	CM14-0183063		
Date Assigned:	11/07/2014	Date of Injury:	05/31/2011
Decision Date:	12/16/2014	UR Denial Date:	10/13/2014
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 Physical Medicine & Rehabilitation, 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:

This is a 37-year-old male with a 5/31/11 date of injury. He injured his back when he was taking a violent suspect into custody. According to a progress report dated 10/3/14, the patient reported that he developed acute severe pain and weakness in the right leg, and had severe burning pain and weakness in the right leg and foot. He stated that his pain was severe and rated 10/10. Objective findings: tenderness and spasms of right lumbar paraspinous musculature, tenderness over left sacroiliac notch, decreased sensation to light touch and vibration over the L5 and S1 dermatome on the right. Diagnostic impression: lumbar or lumbosacral disc degeneration; neuralgia, neuritis, and radiculitis not otherwise specified. Treatment to date: medication management, activity modification, surgery, medial branch rhizotomy. A UR decision dated 10/13/14 modified the request for Medrol Dosepak #3 to a single use and denied the requests for Toradol injection and B12 injection. A specific rationale for modification of the Medrol Dosepak was not provided. Regarding Toradol and B12 injections, there are also requests for ultrasound guidance, infrared application, and manual therapy in office and for a second injection. There is no rationale provided for these items and no indication that these additional services were performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Dosepak 4mg #3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Corticosteroids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Corticosteroids

Decision rationale: CA MTUS does not address this issue. ODG criteria for oral/parenteral steroids for low back pain include clinical radiculopathy; risks of steroids should be discussed with the patient and documented in the record; and treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. In the present case, this patient has experienced an acute exacerbation of his pain, rated as a 10/10. However, the UR decision dated 10/13/14 modified this request to certify a one-time use of Medrol Dosepak. Guidelines support oral steroid use in the event of an acute exacerbation or a new injury. There is no rationale provided as to why this patient requires 3 treatments at this time for a chronic condition. Therefore, the request for Medrol Dosepak 4mg #3 was not medically necessary.

Toradol injection IM 30mg #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Ketorolac

Decision rationale: The FDA states that Ketorolac is indicated for the short-term (up to 5 days in adults), management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation treatment following IV or IM dosing of Ketorolac tromethamine. However, in the present case, there is no documentation that this patient has failed first-line analgesic medications to support the medical necessity of a Toradol injection. In addition, there is no documentation that the patient is unable to tolerate oral medications. Therefore, the request for Toradol injection IM 30mg #2 was not medically necessary.

B12 injection 1000mcg #2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain, Medical Foods

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Cyanocobalamin, and on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: FDA - Cyanocobalamin (Vitamin B12)

Decision rationale: CA MTUS does not address this issue. ODG states that Vitamin B is not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. However, in the present case, a specific rationale identifying why this patient requires a vitamin B12 injection despite lack of guideline support was not provided. Therefore, the request for B12 injection 1000mcg #2 was not medically necessary.