

Case Number:	CM15-0115695		
Date Assigned:	06/24/2015	Date of Injury:	07/30/2002
Decision Date:	07/23/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 industrial injury on 07/30/2002. She has reported injury to the low back. The diagnoses have included low back pain; lumbar radiculopathy; post-laminectomy syndrome, lumbar; and chronic pain syndrome. Treatment to date has included medications, diagnostics, ice/heat, cognitive behavioral therapy, and lumbar epidural steroid injection. Medications have included Oxycodone, Zanaflex, Xanax, Lexapro, Trazodone, Prevacid, and Fentanyl Patches. A progress report from the treating provider, dated 05/13/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of chronic low back pain; she is currently in a flare mostly on the left side, describing it as tender; she is waking up in the middle of the night with numbness on the left greater than right all the way to the foot; associated weakness; she is requesting a Toradol injection today due to her pain; and she is stable on her current medication regimen without any side effects, and she is able to complete activities of daily living. Objective findings included loss of lumbar lordosis; wide-based gait, using cane; mild decrease in lumbar range of motion; L5 and upper sacral tenderness on palpation; diffuse lower extremity muscle weakness; decreased sensation along the right calf; straight leg raise test is positive on the left; and she responded well to the right lumbar transforaminal epidural injection, on 03/03/2015, and her pain is now returning to baseline. The treatment plan has included the request for transforaminal lumbar epidural steroid injection at right L5; and Toradol injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural steroid injection at right L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. The patient's file does not document that the patient is candidate for surgery. In addition, there is no documentation that the patient has a sustained pain relief from a steroid epidural injection performed in March 2, 2015. There is no documentation of functional improvement and reduction in pain medications use. Therefore, the request for Transforaminal lumbar epidural steroid injection at right L5 is not medically necessary.

Toradol injection: 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 Toradol Page(s): 73.

Decision rationale: According to MTUS guidelines, "Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions." Toradol is recommended for severe acute pain for a short period of time. There is no documentation that the patient suffered from acute pain. The patient current pain is clearly chronic. Therefore, the request to prescribe Toradol injection is not medically necessary.