

Case Number:	CM15-0170954		
Date Assigned:	09/11/2015	Date of Injury:	06/15/2012
Decision Date:	10/15/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/31/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 31 year old male, who sustained an industrial injury on June 15, 2012. Currently, the injured worker reports chronic neck pain, upper back pain, and lower back pain. A review of the medical records indicates that the injured worker is undergoing treatment for cervical sprain/strain-neck, thoracic sprain/strain, lumbar sprain/strain, and lumbosacral or thoracic neuritis or radiculitis. The Treating Physician's report dated July 20, 2015, noted the injured worker was reporting increased lower back pain, especially when he was working. The injured worker rated his pain as 6 out of 10. The injured worker was administered a Toradol injection for acute lower back pain. The Physician recommended the injured worker apply ice for pain after work, and to do water/aqua therapy in the pool. The physician reports, dated July 1, 2015, and July 20, 2015, noted the injured worker with no change in reported pain level, and a physical examination on July 1, 2015 that was noted to show tenderness to palpation to the lower lumbar spine. Prior treatments have included home exercise program (HEP), TENS, 4 trigger point injections done on June 8, 2015, and medications. The injured worker's work status was noted to be able to return to modified work as of July 20, 2015. The request for authorization dated July 20, 2015, requested one Toradol injection. The Utilization Review (UR) dated August 4, 2015, non-certified the request for one Toradol injection based on the guideline recommendations and clinical findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

One toradol injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Ketorolac (Toradol); Shoulder (Acute & Chronic) (2015).

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

Decision rationale: The MTUS is silent on Toradol injection. Per the ODG guidelines with regard to Keterolac injections, they are not recommended for the lumbar spine, but are recommended in the shoulder chapter: Recommended as an option to corticosteroid injections, with up to three subacromial injections. Avoid use of an oral NSAID at the same time as the injections. Injection of the NSAID Keterolac shows superiority over corticosteroid injections in the treatment of shoulder pain. As Toradol injection to the lumbar spine is not supported by the guidelines, the request is not medically necessary.