

Case Number:	CM15-0072189		
Date Assigned:	04/22/2015	Date of Injury:	03/20/2012
Decision Date:	05/26/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/16/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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 60 year old female injured worker suffered an industrial injury on 03/20/2012. The diagnoses included cervical brachial syndrome, moderate right shoulder impingement syndrome and lumbago/sacroiliac strain. The injured worker had been treated with medications. On 3/6/2015 the treating provider reported the neck pain is still at 5 to 6/10 with ongoing radiation to the right upper extremity and shoulder. The aching pain in the low back is 5 to 6/10. She reported the current medications were not helping. On exam the cervical spine had mild muscle spasms with exquisite tenderness. The right shoulder had reduced range of motion with positive impingement sign. The lumbar spine had tenderness with reduced range of motion and spasms. During the visit, a Toradol injection was provided. The treatment plan included Toradol injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) intramuscular injection of 2 cc Toradol: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67.

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain and reports persistent pain despite treatment with acetaminophen and other therapies. In addition, there is noted severe pain by examination. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type but there is no evidence of long term effectiveness for pain. As such the medical records provided for review do support the use of intramuscular injection of NSAID for the insured as there is indication of severe persistent pain despite previous treatment. Therefore, the request for One (1) intramuscular injection of 2 cc Toradol is medically necessary.