

Case Number:	CM15-0077779		
Date Assigned:	06/04/2015	Date of Injury:	01/15/2004
Decision Date:	07/02/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/23/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49-year-old female, who sustained an industrial injury on 01/15/2004. She reported injuries to the knees, wrists, right ankle, right hip, right shoulder and lower back. According to a progress report dated 03/12/2015, the injured worker continued to complain of neck pain, right shoulder pain, low back pain, bilateral knee pain and right ankle pain. She was status post lumbar epidural steroid injection with good relief and was awaiting authorization for a second epidural steroid injection to the lumbar spine. Her pain was getting worse and she had difficulty with activities of daily living and walking and standing. She fell back in December 2014 when her leg buckled up and gave way. Since then, she had a flare-up of back pain, cervical spine pain and shoulder pain. Objective findings included lumbar spine flexion was 55 degrees. Extension was 20 degrees. Bending was 30 degrees to the right and left. There was hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature noted at L5-S1 dermatome distribution. There was weakness in the big toe dorsiflexor and big toe plantar flexor, bilaterally. Straight leg raise was positive at 75 degrees bilaterally, eliciting pain at L5-S1 dermatome distribution. There was paraspinal tenderness with paraspinal spasms. Deep tendon reflexes for the knees were +2 and ankles bilaterally. Diagnoses included: 1. cervical disc herniation with radiculitis-radiculopathy. 2. right shoulder tendonitis, impingement syndrome and rotator cuff tear. 3. lumbar strain, disc lesion, lumbar spine with radiculitis/radiculopathy; status post epidural steroid based injection x 1 with good relief and above 55% to 60% improvement. 4. Myoligamentous strain, internal derangement of the right knee. 5. Myoligamentous strain, internal derangement of the left knee. 6. right ankle sprain/strain. 7.

anxiety and depression. The injured worker complained of severe excruciating low back pain radiating to both lower extremities with numbness and tingling in both lower extremities as well as muscle weakness. She had difficulty performing personal hygiene, brushing teeth, combing hair, bathing, dressing, using button, zipper and snaps, cooking, cleaning and laundry. She had difficulty sitting, standing and walking for short periods of time, carrying groceries and pushing grocery carts. The treatment plan included lumbar epidural injection at L4-L5. The injured worker received a Toradol injection. Prescriptions were written for Norco, Motrin and Prilosec. She remained temporarily totally disabled. Currently under review is the request for 1 lumbar epidural injection at L4-L5 and L5-S1 using fluoroscopy, 1 intramuscular injection of Toradol 60mg, and pre-op labs to include CBC, PTT, PT/INR and chem 7.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar epidural injection at L4-L5 and L5-S1 using fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

Decision rationale: Review indicates the patient had noted 55-60% relief from LESI on 4/5/14; however, procedure on same date also had included multilevel (3) nucleoplasty at L3-L4, L4-L5, and L5-S1 along with multilevel facet blocks at L3, L4, L5, and S1 without clear separation of functional benefit from multiple pain intervention procedures not recommended concurrently and inconsistent with Guidelines criteria. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Although the patient has symptoms with clinical findings of such, to repeat a LESI in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, not clearly demonstrated here. Submitted reports are unclear with level of pain relief and duration of benefit. Submitted reports have not demonstrated any functional improvement derived from the LESI as the patient has unchanged symptom severity, unchanged clinical findings without decreased in medication profile or treatment utilization or functional improvement described in terms of increased functional status or activities of daily living. Criteria to repeat the LESI have not been met or established. The 1 Lumbar epidural injection at L4-L5 and L5-S1 using fluoroscopy is not medically necessary and appropriate.

1 IM injection of toradol 60mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page 22.

Decision rationale: Ketorolac tromethamine (Toradol), a nonsteroidal anti-inflammatory drug (NSAID), 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. Ketorolac (Toradol, generic available) has a boxed warning, as this medication is not indicated for minor or chronic painful conditions. Report from the provider noted ongoing chronic pain symptoms. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to for the Ketorolac injection for chronic pain without demonstrated acute flare-up. The 1 IM injection of toradol 60mg is not medically necessary and appropriate.

1 Pre-op labs: CBC, PTT, PT/INR and chem 7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lab Suggested Monitoring, page 70.

Decision rationale: Submitted reports have not identified any planned surgery to support for the pre-op labs. MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy with as chronic use can alter renal or hepatic function. Blood chemistry may be appropriate to monitor this patient; however, there is no documentation of significant medical history or red-flag conditions to warrant for a metabolic panel. The provider does not describe any subjective complaints besides pain, clinical findings, specific diagnosis involving possible metabolic disturbances, hepatic, renal, arthritic or autoimmune disease to support the lab works as it relates to this chronic musculoskeletal injuries. Occult blood testing has very low specificity regarding upper GI complications associated with NSAIDs. Identifying any coagulation issues or having a baseline Hemoglobin/hematocrit level along with metabolic functions may be medically indicated prior to surgical procedure; however, none identified or planned. Submitted reports have not identified any symptom complaints, clinical history or comorbidities with undue risks to support for the multiple lab testing. The 1 Pre-op labs: CBC, PTT, PT/INR and chem 7 is not medically necessary and appropriate.