

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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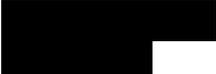
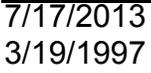


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**Notice of Independent Medical Review Determination**

Dated: 11/15/2013



Employee:	
Claim Number:	
Date of UR Decision:	7/17/2013
Date of Injury:	3/19/1997
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0004642

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for 1 intramuscular Injection of Toradol 60mg **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for 1 session of iontophoresis **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for 1 intramuscular Injection of Toradol 60mg **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for 1 session of iontophoresis **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

The records indicate that the patient injured his lower back on 3/19/1997 when he fell off a truck and landed on a curb. The medical reports provided to IMR only go from July 2012 through October 30, 2012. The 7/17/13 UR letter shows they had access to the medical reports in 2013. The 2012 records show the patient had L3/4 and L4/5 fusion with cages present, and lateral fusion at L4/5 and L5/S1 and laminectomy. There was residual lateral recess stenosis at L2/3. He was on OxyContin and MSIR, and had a SCS.

According to the 7/17/13 UR letter, the patient presented on 7/10/13 in mild distress, somewhat tearful. There were myofascial trigger points at the right upper gluteus and tenderness about the hip. ODG guidelines were cited for Toradol injections, but no rationale provided for denial. ODG for iontophoresis for the lumbar spine was cited, but the UR letter did not have a rationale for denial.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the retrospective request for 1 intramuscular Injection of Toradol 60mg:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Pain (Chronic), which is not part of the MTUS.

The Expert Reviewer based his decision on the Official Disability Guidelines (ODG), Pain Chapter on Ketorolac, which is not part of the MTUS.

Rationale for the Decision:

ODG guidelines state “Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy.” The employee appears to have an SCS and is on OxyContin and MSIR. There is no mention that this was an alternative to the opioids. The request does not meet guideline criteria. **The request for 1 intramuscular Injection of Toradol 60mg is not medically necessary and appropriate.**

**2) Regarding the request for 1 session of iontophoresis:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Low Back Complaints, Chapter 12, pg. 173, which is part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers’ Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG) chapter on iontophoresis.

Rationale for the Decision:

The rationale for iontophoresis, the location, low back or hip was not provided, nor was there a description of the medication to be used. ODG does not recommend iontophoresis for the lower back. **The request for 1 session of iontophoresis is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH,  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.