

<b>Case Number:</b>	CM13-0026194		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 28-year-old male with a date of injury of 05/29/12, due to "industrial accident". Relevant documents reviewed in the process of making this determination include medical records from 5/15/13, 8/19/13. Subjective complaints noted from visit have included persistent neck and low back pain, up to 8/10 on a scale of pain intensity. Objective findings have included antalgic gait, diminished sensory function at the left L3, right L5, and bilateral S1 dermatomal distributions, and decreased bilateral upper and lower extremity strength. In addition, the patient has had tenderness around the cervical and lumbar muscle. The patient has also been documented as having positive straight leg raise test and positive bilateral slump test. The patient was diagnosed with herniated disc disease of the lumbar and cervical spine with multilevel disc bulges and cervical and lumbar radiculopathies. Treatment has included acupuncture, pain management consultation with [REDACTED], and medications. The provider has requested Aqua Therapy twice weekly for 4 weeks since the patient had limited improvement with land-based PT. Toradol injection was also recommended as part of the management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 aquatic therapy sessions for the cervical and lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** Under review is the decision for 8 aquatic therapy sessions for the cervical and lumbar spine. Per review of the Chronic Pain Medical Treatment Guidelines, Aquatic Therapy is recommended as an optional form of exercise therapy, where available, as an alternative to landbased physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. There is no specific documentation that the patient had restrictions on weight bearing nor is there objective clinical evidence that the patient required reduced weight bearing therapy. A course of aquatic therapy is not medically appropriate for this patient.

**1 Toradol 30 mg injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

**Decision rationale:** Under review is the decision for Toradol injection dispensed 8/19/13. Per review of the Chronic Pain Medical Treatment Guidelines, Toradol is used as an alternative to opioid therapy and a boxed warning indicates the medication should not be employed for chronic conditions. There was no subsequent documented improvement in the patient's pain following this injection in June 2012. An injection of Toradol in this context is not medically appropriate for this patient.