

<b>Case Number:</b>	CM14-0104774		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/26/2002
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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. The expert 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 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:

The patient is a 50-year-old female who has submitted a claim for two level mechanical instability, lumbar degenerative disc disease, and status post hybrid surgery at L4-5 and fusion at L5-S1 associated with an industrial injury date of 08/26/2002. Medical records from 12/17/2013 to 05/01/2014 were reviewed and showed that patient complained of chronic low back pain graded 6-7/10 with lower extremity pain and numbness and stabbing pain the hip graded 4/10. Physical examination (05/01/2014) revealed spasm over the lumbar paraspinals, decreased ROM, normal sensation, DTRs, and MMT of lower extremities and positive bilateral SLR test at 70 and 75 degrees in the supine and seated position, respectively. X-ray of the lumbar spine dated - 5/01/2014 revealed stable fusion, disc in good position, and loosening of the disc. EMG/NCV study of lower extremities dated 08/23/2006 was unremarkable. MRI of the lumbar spine dated 08/18/2006 revealed L3-4 disc bulge with mild bilateral foraminal narrowing without significant spinal stenosis, L4-5 mild hypertrophy of facet joint and ligamentum flavum causing mild spinal stenosis and bilateral foraminal narrowing, L5-S1 disc bulge with mild bilateral foraminal narrowing, and L3-4, L4-5, and L5-S1 disc desiccation with focal annular tear at L3-4 and L5-S1. Treatment to date has included hybrid surgery at L4-5 and fusion at L5-S1 (date not made available), 2 intramuscular injections of toradol and vitamin b-12 complex (05/01/2014), L5-S1 median nerve blocks (09/05/2013) physical therapy, acupuncture, home exercise program, and pain medications. Utilization review dated 06/05/2014 denied the request for elastic lumbar corset because the guidelines do not support the use of a back brace for prevention. Utilization review dated 06/05/2014 denied the request for retrospective intramuscular injection of toradol and vitamin b-12 complex DOS: 05/01/2014 because there was no documentation that the patient had vitamin B12 deficiency or significant exacerbation to require ketorolac injection. Utilization review dated 06/05/2014 denied the request for gym and pool membership because

there has be no rationale as to why the patient could not perform HEP or require a specialized equipment.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Elastic Lumbar Corset:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back, Lumbar Supports.

**Decision rationale:** The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. The ODG states that lumbar support is not recommended for prevention of back pain. A systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. In this case, the patient complained of low back pain which prompted request for a lumbar corset. However, the guidelines do not recommend the use of back brace for prevention of pain. There is no discussion as to why variance from the guidelines is needed. Therefore, the request for Elastic Lumbar Corset is not medically necessary.

**Retrospective Intramuscular Injection of Toradol and Vitamin B-12 complex. Date of Service: 5/1/14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Pain Ketorolac, Vitamin B.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ketorolac (Toradol); Vitamin B.

**Decision rationale:** According to CA MTUS Chronic Pain Treatment Guidelines, Ketorolac (Toradol), generic available) 10 mg is not indicated for minor or chronic painful conditions. According to the ODG ketorolac [Boxed Warning] may be used as an alternative to opioid therapy when administered intramuscularly. The FDA boxed warning would relegate this drug to second-line use unless there were no safer alternatives. ODG also states that vitamin B is not recommended. It is frequently used for treating peripheral neuropathy but its efficacy is not clear. In this case, the patient complained of chronic low back pain. However, the guidelines do not recommend the use of toradol for chronic painful conditions. Injection of vitamin B12 is not recommended per guidelines since the efficacy is unclear. Therefore, the retrospective request

for Intramuscular Injection of Toradol and Vitamin B-12 complex. Date of Service: 5/1/14 was not medically necessary.

**Gym and pool membership:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low back chapter, Gym memberships.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Gym Memberships.

**Decision rationale:** The California MTUS does not specifically address gym memberships. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG states that gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. With unsupervised programs, there may be risk of further injury to the patient. In this case, the patient was noted to participate in HEP with no documentation of functional outcome. There was no discussion as to why special equipment is needed. The guidelines do not recommend gym memberships as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Therefore, the request for gym and pool membership is not medically necessary.