

Case Number:	CM14-0012058		
Date Assigned:	02/21/2014	Date of Injury:	06/16/2003
Decision Date:	06/26/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/30/2014

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 Internal Medicine and is licensed to practice in Texas. 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 injured worker is a 58 year old male injured on 06/16/03 while loading a heavy piece of equipment he experienced extreme pain in his low back radiating into the left leg. Current diagnoses included diabetic neuropathy type 2, lumbosacral neuritis, depressive disorder, anxiety, and morbid obesity. Clinical note dated 12/16/13 indicated the patient presented complaining of constant back pain and shortness of breath. The patient also noted labile blood glucose and blood pressure readings. The patient reported better pain control with Lyrica 50mg twice a day; however, was concerned regarding sustainability due to lack of affordability. The patient was on greater than 18 medications at that time. Physical examination noted the patient was massively obese at 71 inches and 393 pounds, low back was moderately tender with spasming, movements decreased and painful, straight leg raise negative bilaterally, symmetrical IP joint swelling/puffiness to bilateral hands, generalized drawing pains with mild inflammation, range of motion was normal, muscle weakness and arthralgia diffuse, and cane utilized for ambulation. Lyrica was increased to 75mg twice a day, Toradol 60mg IM was administered for pain, the patient was recommended to change lifestyle, weight loss, and exercise. Weight reduction, dietary changes, and exercise were recommended and due to inability to exercise a recommendation for aqua therapy to assist in weight reduction. The initial request for IM injection of Toradol 60mg and 12 aquatic therapy sessions was non-certified on 12/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

IM INJECTION OF TORADOL 60 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s):.

Decision rationale: As noted on page 72 of the Chronic Pain Medical Treatment Guidelines, Toradol is not indicated for minor or chronic painful conditions. There is no indication in the documentation provided that the patient was being treated for an acute injury. As such, the request for IM injection of Toradol 60 MG is not medically necessary.

12 AQUATIC THERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12 (LOW BACK COMPLAINTS), 98

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.20, AQUATIC THERAPY Page(s): 22.

Decision rationale: As noted on page 22 of the Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based 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. The clinical documentation indicates the intent to utilize aquatic therapy for weight loss purposes. There is no indication in the documentation that the patient has attempted land-based exercises and failed. Additionally, utilization of aquatic physical therapy for weight loss purposes is not indicated. The patient would need to participate in a specific weight loss program specific to aquatic exercises. As such, the request for 12 aquatic therapy sessions is not medically necessary.