

<b>Case Number:</b>	CM14-0016326		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	09/30/2010
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Illinois. 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 female who reported an injury on 09/30/2010. The mechanism of injury was not provided. The current diagnoses include chronic neck pain, status post cervical surgery in 2012, bilateral shoulder pain, thoracic back pain, chronic low back pain, bilateral buttock pain, right lower extremity pain, history of lumbar spine surgery in 1999, and severe degenerative lumbar disk disease. The most recent Physician's Progress Report submitted for this review is documented on 07/17/2013. The injured worker reported persistent lower back pain rated at an 8/10. The injured worker also reported neck and bilateral shoulder pain. Prior conservative treatment was not mentioned. The physical examination revealed tenderness to palpation of the cervical spine, a positive Spurling's maneuver, positive cervical nerve stretch Final Determination Letter for IMR Case Number [REDACTED] testing, and right upper extremity pain. The treatment recommendations at that time included a cervical epidural steroid injection and the continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX (6) CHIROPRACTIC SESSIONS FOR THE LOW BACK, UPPER BACK, AND NECK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58.

**Decision rationale:** The Chronic Pain Guidelines indicate that manual therapy and manipulation are recommended for chronic pain if caused by a musculoskeletal condition. The treatment for the spine is recommended as an option with a therapeutic trial of six (6) visits over two (2) weeks. There was no Physician's Progress Report submitted on the requesting date. Therefore, there is no evidence of an updated physical examination. The injured worker's physical examination only revealed tenderness to palpation with positive nerve stretch testing. There was no documentation of a significant musculoskeletal deficit. The medical necessity has not been established. As such, the request is non-certified.

**TORADOL 60MG INTRAMUSCULAR (IM), RIGHT BUTTOCK ON DATE OF SERVICE: 12/17/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines KETOROLAC (TORADOL, GENERIC AVAILABLE).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-72.

**Decision rationale:** The Chronic Pain Guidelines indicate that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line treatment after acetaminophen. Toradol is not recommended for minor or chronic painful conditions. Therefore, the current request cannot be determined as medically appropriate. There was also no Physician's Progress Report submitted on the requesting date. As such, the request is non-certified.

**TORADOL INJECTION 30-60MG INTRAMUSCULAR (IM), UNSPECIFIED SITE TIMES TWO (2):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines KETOROLAC (TORADOL, GENERIC AVAILABLE).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-72.

**Decision rationale:** The Chronic Pain Guidelines indicate that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line treatment after acetaminophen. Toradol is not recommended for minor or chronic painful conditions. Therefore, the current request cannot be determined as medically appropriate. There was also no Physician's Progress Report submitted on the requesting date. As such, the request is non-certified.