

<b>Case Number:</b>	CM14-0188536		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	05/23/2005
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 42-year-old female who has submitted a claim for failed back syndrome, lower extremity radiculopathy and depression associated with an industrial injury date of 5/23/2005. Medical records from 2014 were reviewed. The patient complained of low back pain described as sharp and throbbing radiating to bilateral lower extremities. The pain was accompanied by numbness and tingling sensation. Physical examination showed a height of 5 feet 6 inches, weight of 229 pounds, and a derived body mass index of 37 kg/m<sup>2</sup>. Gait was antalgic. Examination of the lumbar spine showed tenderness, spasm, limited motion, positive straight leg raise test bilaterally, normal motor strength and diminished sensation at bilateral L5-S1 dermatomes. Treatment to date has included lumbar surgery, spinal cord stimulator, physical therapy, IM Toradol injection, aqua therapy, and oral medications. The documented rationale for aqua therapy is to provide buoyancy and a warm environment to the patient. The utilization review from 10/9/2014 denied the request for retro IM Toradol injection 60 mg because of no documentation of out of control pain that cannot be controlled by her current medications; and modified pool therapy 2 x 6 into 6 visits to meet guideline recommendation concerning number of therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro IM Toradol Injection 60mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Ketorolac (Toradol)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Ketorolac Page(s): 72.

**Decision rationale:** As stated on page 72 of CA MTUS Chronic Pain Medical Treatment Guidelines, ketorolac (Toradol) is not indicated for minor or chronic painful conditions. ODG Pain Chapter further states that ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. In this case, the patient complained of low back pain since the injury date of 2005. However, the medical records submitted for review showed no evidence of intolerance to or failure of current therapy to warrant analgesia using intramuscular injections. Also, guidelines do not support the use of Toradol for chronic pain. Therefore, the request for Retro IM Toradol Injection 60mg is not medically necessary.

**Pool Therapy 2x6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Aquatic Therapy Page(s): 22-23.

**Decision rationale:** As stated on pages 22-23 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. The guidelines recommend 9 to 10 physical therapy visits over 8 weeks for myalgia and myositis, and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. In this case, the patient underwent lumbar surgery, spinal cord stimulator and physical therapy; however, symptoms persisted. She complained of persistent low back pain described as sharp and throbbing radiating to bilateral lower extremities. The pain was accompanied by numbness and tingling sensation. Physical examination showed a height of 5 feet 6 inches, weight of 229 pounds, and a derived body mass index of 37 kg/m<sup>2</sup>. Gait was antalgic. Examination of the lumbar spine showed tenderness, spasm, limited motion, positive straight leg raise test bilaterally, normal motor strength and diminished sensation at bilateral L5-S1 dermatomes. The documented rationale for aqua therapy is to provide buoyancy and a warm environment to the patient. The necessity for aquatic therapy has been established. However, the present request for 12 sessions exceeds guideline recommendation. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Pool Therapy 2 x 6 is not medically necessary.