

Case Number:	CM14-0205431		
Date Assigned:	12/17/2014	Date of Injury:	06/22/2005
Decision Date:	02/12/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/08/2014

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 Rehab 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 47 year old male with date of injury 6/22/05. The treating physician report dated 10/28/14 (327) indicates that the patient presents with pain affecting the low back. The physical examination findings reveal posterior lumbar incision site that is clean, dry and intact with no sign of infection. He walks with an antalgic gait. Spine is tender on the lumbar midline and bilateral paraspinals. Decreased sensation in the left L4, L5 and S1 dermatomes. TA, EHL, inversion, eversion and plantar flexors are 4+/5 on the left. Prior treatment history includes MRI, EMG, lumbar fusion, physical therapy, acupuncture, chiropractic therapy, injection, epidural and medications. MRI findings reveal an annular tear at the L3-4 level and abutment of the L4-5 disc about a traversing L5 nerve root. The current diagnoses are: 1.Status post anterior/posterior lumbar fusion2.Postoperative wound infection3.Chronic pain syndrome4.Status post bone stimulator removalThe utilization review report dated 11/26/14 denied the request for eight chiropractic manipulation for low back based on no significant functional benefit. The above report also denied the request for one Toradol 60 mg injection based on this medication not being recommended for chronic conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) chiropractic manipulation for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The patient presents with low back pain. The current request is for eight chiropractic manipulation for low back. The treating physician states that the patient had some relief from chiropractic treatment, but after six sessions the pain is still rated as 10/10. The MTUS guidelines state that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. It is recommended as an option for low back if after a trial of 6 visits over 2 weeks there is evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. In this case, the treating physician has not documented any evidence of significant overall functional benefit. Therefore, this request is not medically necessary.

One Toradol 60mg injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs, GI symptoms & cardiovascular risk

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

Decision rationale: The patient presents with low back pain. The current request is for one Toradol 60 mg injection. The treating physician states that the patient had roughly 20 percent relief for one week after a previous Toradol injection at his last visit. The patient still rates his pain as 10/10. The MTUS guidelines state, "This medication is not indicated for minor or chronic painful conditions." The current documentation provided by the treating physician indicates that the patient has chronic pain and there is no documentation of a moderate to severe acute flare-up that might require a Toradol injection. In the past this has only provided minimal relief. In this case, the treating physician is recommending to proceed with a second Toradol injection for chronic pain, which MTUS guidelines do not support. Therefore, this request is not medically necessary.