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| <b>Case Number:</b>   | CM15-0059893 |                              |            |
| <b>Date Assigned:</b> | 04/06/2015   | <b>Date of Injury:</b>       | 04/17/2006 |
| <b>Decision Date:</b> | 05/06/2015   | <b>UR Denial Date:</b>       | 03/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/30/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 46-year-old who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of April 17, 2006. In a Utilization Review report dated March 11, 2015, the claims administrator failed to approve requests for six sessions of chiropractic manipulative therapy and Toradol injection apparently administered on or around January 14, 2015. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated February 3, 2015, the applicant reported ongoing complaints of foot, ankle, shoulder, low back, neck, and bilateral shoulder pain. The applicant's primary pain generator was the low back, it was acknowledged. The applicant had various comorbidities, including diabetes. The applicant had last worked in 2012, it was acknowledged. In a handwritten progress note dated September 12, 2014, the applicant was placed off of work, on total temporary disability, for an additional three months. On March 10, 2015, Neurontin, Prilosec, TENS unit patches, Flexeril, topical LidoPro ointment, and a heating pad were endorsed. 6/10 low back pain was reported. The applicant had received chiropractic manipulative therapy through this point in time, it was acknowledged. In a RFA form January 14, 2015, TENS unit patches, LidoPro cream, Neurontin, Prilosec, six sessions of chiropractic manipulative therapy, and a Toradol injection were endorsed. In an associated progress note of the same date, January 14, 2015, the applicant presented with 8/10 low back pain complaints. The applicant had recently been in the emergency department owing to heightened pain complaints. A Toradol injection was given for an acute flare of pain, the treating provider reported. Six sessions of manipulative therapy were endorsed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Chiropractic treatment for the lumbar spine, QTY: 6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

**Decision rationale:** No, the request for six sessions of chiropractic manipulative therapy was not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant was no longer working as of the date of the request, January 14, 2015. Both the treating provider and the applicant's medical-legal evaluator acknowledged that the applicant was not, in fact, working, despite receipt of earlier unspecified amounts of chiropractic manipulative therapy over the course of the claim. Therefore, the request for additional chiropractic manipulative therapy was not medically necessary.

### **Toradol injection 30mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ketorolac (Toradol); Shoulder, Ketorolac injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 Chronic Pain General Principles of Treatment Medications Table 11: Dosing for Opioids[A] single dose of ketorolac appears to be a useful alternative to a single moderate dose of opioids for the management of patients presenting to the ED with severe musculoskeletal LBP.

**Decision rationale:** Conversely, the request for Toradol injection was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic of injectable ketorolac or Toradol. However, the Third Edition ACOEM Guidelines, Pain Chapter does note that a single dose of ketorolac (Toradol) appears to be a useful alternative to a single moderate dose of opioid in applicants who presented to the emergency department with severe musculoskeletal low back pain. Here, by analogy, the applicant presented to the clinic on January 14, 2015 reporting a severe flare in low back pain scored at 8/10. A Toradol injection was, thus, indicated in the clinical context present here. Therefore, the request was medically necessary.

