

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

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**Notice of Independent Medical Review Determination**

Dated: 11/13/2013

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/23/2013
Date of Injury:	12/2/2007
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0005165

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Toradol injection 60mg to right gluteal muscle is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for **B12 injection to right gluteal muscle is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/13/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Toradol injection 60mg to right gluteal muscle is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for **B12 injection to right gluteal muscle is not medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician 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.

### Expert Reviewer Case Summary:

This is a 36 year old, 5'8", 270 lbs, F with a 12/2/07 industrial injury to her low back with radiation to both lower extremities from lifting heavy boxes. Last worked on 12/17/07. She had lumbar laminectomy and fusion, 2009, hardware removal in June 2012. Epidural injections helped for about a week, massage helps. PT had limited benefit. Meds include ambien, Norco, Morphine, Clonazepam, Fluoxetine. Currently with back pain radiating down left leg.

### Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the retrospective request for Toradol injection 60mg to right gluteal muscle:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) Chapter Pain (Chronic), which is not part of the Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer based his/her decision on ODG guidelines, Pain chapter on Toradol, which is not part of MTUS.

Rationale for the Decision:

MTUS guidelines do not mention Toradol injections. ODG guidelines state IM Toradol can be used as an alternative to opioid therapy. In this case, however, it appears to be as an adjunct to opioid therapy. **The retrospective request for Toradol injection 60mg to right gluteal muscle is not medically necessary and appropriate.**

**2) Regarding the retrospective request for B12 injection to right gluteal muscle:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the the Official Disability Guidelines (ODG) Chapter Pain (Chronic), which is not part of the Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer based his/her decision on ODG guidelines, Pain chapter on : Vitamin B, which is not part of MTUS.

Rationale for the Decision:

MTUS does not discuss B12 for pain, but ODG guidelines state Vitamin B is not recommended for treating peripheral neuropathy. The employee is reported to have lower back pain and radiculopathy. There is no mention of vitamin B12 deficiency. **The request for retrospective B12 injection to the right gluteal muscle is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH,  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.