

<b>Case Number:</b>	CM13-0051286		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/10/2002
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in Rhode Island. 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 physician 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 beneficiary is a 51 year old female who presents for a B12 injection. She has a date of injury of 10/10/02 and subsequently has had back pain. She notes pain radiating down right leg with some weakness. She has had a lumbar laminectomy. She has no history of B12 deficiency or anemia. Her exam reveals some weakness in the right leg and S1 sensory level on the right. She has an antalgic gait.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**B12 injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG; The AMA Guides; PDR: FDA; MTUS Chronic Medical Treatment Guidelines; Medical practice standard of care.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antony AC. Megaloblastic anemias. In: Hematology: Basic principles and practice, 4th ed, Hoffman R, Benz EJ, Shattil SJ, et al. (Eds), Churchill Livingstone, New York 2005. p.519; Pruthi RK, Tefferi A. Pernicious anemia revisited. Mayo Clin Proc 1994; 69:144; Toh

**Decision rationale:** The beneficiary has not demonstrated a B12 deficiency. There is no laboratory evidence for B12 deficiency or anemia. She has no sensory or exam findings consistent with B12 deficiency. There is no medical indication for B12 injection. There is no medical necessity for B12. MTUS is silent on B12 therapy. I refer to the above references in the diagnosis and treatment of B12 deficiency.

**Toradol 60mg injection:** Upheld

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

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

**Decision rationale:** The beneficiary has chronic pain syndrome from back and leg pain. She has received steroid injection and non steroidal anti-inflammatory. The MTUS is silent on use toradol. ODG guidelines advise against use of this medication for chronic pain management. It can be used for acute pain. There is no medical necessity for use of Toradol in this clinical setting.