

<b>Case Number:</b>	CM13-0052309		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/27/2006
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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, has a subspecialty in Pulmonary Diseases 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 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 patient is a 56-year-old female who reported an injury on 07/27/2006. The mechanism of injury was noted to be the patient lost her balance and fell approximately 2 to 3 steps backwards. The patient's diagnoses were noted to include radiculopathy right lower extremity. The patient had a lumbar microdiscectomy at L4-5 on 04/16/200, and a lumbar fusion of L4-5 on 11/07/2009. The clinical documentation submitted for review indicated the patient had an injection of B12, B-complex and Toradol on 09/19/2013. The patient's subjective complaints were noted to be low back pain with radicular symptoms, right lower extremity weakness, and decreased range of motion of the right ankle. The physician indicated the patient tolerated the procedure and there were no complications post injection. The request was made for approval of the above injections.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The Official Disability Guidelines do not recommend injections. It indicates that vitamin B is frequently used for treating peripheral neuropathy but its efficacy is unclear. The clinical documentation submitted for review failed to indicate exceptional factors for nonadherence to guideline recommendations. There was a lack of documented rationale for the injection. Given the above, the request for B-12 injection is not medically necessary.

**B-Complex injection:** 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)

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

**Decision rationale:** The Official Disability Guidelines do not recommend injections. It indicates that vitamin B is frequently used for treating peripheral neuropathy but its efficacy is unclear. The clinical documentation submitted for review failed to indicate exceptional factors for nonadherence to guideline recommendations. There was a lack of documented rationale for the injection. Given the above, the request for B-complex is not medically necessary.

**Toradol injection:** 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)

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

**Decision rationale:** The California MTUS Guidelines indicate that Toradol is not recommended for minor or chronic painful conditions. The clinical documentation submitted for review failed to indicate the patient's objective functional response to prior injections, as it was noted the patient had an injection of Toradol on 04/18/2013. There was a lack of documented rationale for the necessity for a repeat injection of Toradol. Given the above, the request for Toradol injection is not medically necessary.