

Case Number:	CM13-0057779		
Date Assigned:	12/30/2013	Date of Injury:	09/20/2011
Decision Date:	05/28/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/25/2013

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 Anesthesiology and is licensed to practice in California and Nevada. 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 52-year-old female who sustained an injury to her left lower extremity. On 09/20/11, when responding to a fight, she slipped and fell backwards, landing in a sitting position and then hit her head on the floor. A clinical note dated 10/22/13 reported that the patient continues to complain of low back pain that radiates into the right lower extremity with associated numbness. The records indicate that the patient has been treated with medications, physical therapy, aquatic therapy and multiple injections that have provided minimal relief. The treating provider requested a B12 injection to the left gluteal muscle which was provided on 10/22/13, and a Toradol injection to the left gluteal muscle which was provided on 10/22/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

B-12 INJECTION TO THE LEFT GLUTEAL MUSCLE GIVEN ON 10/22/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 clinical note dated 10/22/13 reported that the patient continues to have low back and bilateral gluteal pain at 5-9/10 visual analog scale (VAS). Physical examination noted antalgic gait; moderate reduction in lumbar range of motion, secondary to pain; spinal vertebral tenderness; decreased sensation in the right lower extremity and in the L5 dermatome; straight leg raise positive at 70 degrees bilaterally. There was no clinical indication for administration of B12 injection to the left gluteal muscle. Given the clinical documentation submitted for review, medical necessity of the request for B12 injection provided to the left gluteal muscle has not been established. The recommend is non-certification.

TORADOL INJECTION 60MG TO THE LEFT GLUTEAL MUSCLE GIVEN ON 10/22/13: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

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, Ketorolac (Toradol®).

Decision rationale: The request for Toradol 60mg injection to the left gluteal muscle provided on 10/22/13 is medically necessary. The patient was given a Toradol injection due to the patient's increased pain and moderate distress. Toradol is a viable alternative to opioid medication and there were no noted contraindications in the records provided. Given the clinical documentation submitted for review, medical necessity of the request for Toradol 60mg injection to the left gluteal muscle has been established. The recommend is certification.