

<b>Case Number:</b>	CM14-0030416		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/24/2007
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in 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 records presented for review indicate that this 36 year old female was reportedly injured on October 24, 2007. The most recent progress note, dated September 10, 2012, indicates that there are ongoing complaints of cervical spine pain, left shoulder pain, low back pain, and headaches. No physical examination was performed on this date and cervical spine surgery was discussed. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request was made for an intramuscular injection of Toradol and Vitamin B12 and was not certified in the pre authorization process on February 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intramuscular injection of 2cc of Toradol mixed with 1 cc of Marcaine:** 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, Ketorolac Injection, Updated October 2, 2014.

**Decision rationale:** According to the Official Disability Guidelines, a Toradol injection is recommended in the management of severe acute pain and is not recommended for minor

chronic painful conditions. Considering the injured employees date of injury, this request for a Toradol injection mixed with Marcaine is not medically necessary.

**Intramuscular injection of vitamin B-12 complex:** 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, Vitamin B, Updated October 2, 2014

**Decision rationale:** According to the Official Disability Guidelines (ODG), Vitamin B is not recommended for the treatment of chronic pain. Vitamin B has been used frequently for the treatment of peripheral neuropathy but its efficacy is not clear. As such, this request for a vitamin B12 complex injection is not medically necessary.