

Case Number:	CM14-0080293		
Date Assigned:	07/23/2014	Date of Injury:	11/02/2004
Decision Date:	09/23/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/31/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 38 year old female who sustained an injury to her low back on 11/02/04. Mechanism of injury was not documented. The injured worker continued to complain of persistent low back pain 6/10 on the visual analog scale (VAS). Medications included Naproxen, Flexeril, Norco, Ambien, and joint pain medications. Clinical note dated 03/18/14 reported that the patient continued to complain of low back pain. Physical examination noted lumbar spine inspection reflected no kyphosis deformities; slight flattening of the lumbar lordosis; well healed surgical scar in anterior lumbar spine; swelling not present; tenderness in the paraspinous musculature of the lumbar spine; midline tenderness in the lumbar spine; negative muscle spasm in the lumbar spine; range of motion flexion 20 degrees, extension 15 degrees, right rotation 15 degrees, left rotation 10 degrees, bilateral tilt 15 degrees; sensation slightly abnormal; motor strength essentially normal; deep tendon reflexes 2/2 throughout bilateral lower extremities; no sacroiliac joint tenderness; sciatic nerve compression negative. Urine specimen was obtained to monitor medication use and the injured worker was injected with two intramuscular injections of Toradol, second of vitamin B12 complex for symptomatic relief is not indicated as medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review Urine drug screen (DOS: 03/18/14): 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, Urine drug testing (UDT).

Decision rationale: The request for retrospective review for urine drug screen (DOS: 03/18/14) is not medically necessary. Previous request was denied on the basis that considering that the injured worker was on medication therapy and ongoing treatment, the request for urine drug screen is considered reasonable to evaluate compliance with treatment program and monitor drug use, and assess presence of illegal drugs. Partial certification was recommended for 10 panel random urine drug screen for qualitative analysis. After review of the clinical documentation submitted for review, there is no additional significant objective clinical information that would support reversing the previous adverse determination. Given this, the request for retrospective review for urine drug screen (DOS: 03/18/14) is not indicated as medically necessary.

Retrospective review Vitamin B 12 intramuscular injections (DOS: 03/18/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1.) Lindsay H. Allen Vitamin B-12. Adv Nutr January 2012 Adv Nutr vol. 3: 54-55, 2012.2.) Scalabrino G. The multi-faceted basis of vitamin B12 (cobalamin) neurotrophism in adult central nervous system: lessons learned from its deficiency. Prog Neurobiol. 2009;88:203-20.

Decision rationale: The request for retrospective review Vitamin B 12 intramuscular injections (DOS: 03/18/14) is not medically necessary. Previous request was denied on the basis that there was no clear indication as to why the injured worker requires vitamin B complex injection. There was no evidence of vitamin B12 deficit. Without this evidence, the request was not deemed as medically appropriate. After reviewing the clinical documentation submitted for review, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for retrospective review Vitamin B 12 intramuscular injections (DOS: 03/18/14) is not indicated as medically necessary.