

Case Number:	CM14-0042269		
Date Assigned:	06/30/2014	Date of Injury:	08/13/2011
Decision Date:	02/13/2015	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/08/2014

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 Rehab 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 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 46 year old female with date of injury 08/13/11. The treating physician report dated 02/12/14 (79) indicates that the patient presents with pain affecting the low back. The physical examination findings reveal that the cervical spine shows signs of tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. There is a wellhealed anterior cervical scar. Examination of the right shoulder reveals tenderness at the right shoulder subacromial space and acromioclavicular joint. There is positive impingement and Hawkins sign. Lumbar spine examination reveals tenderness at the lumbar paravertebral muscle with spasm. There is dysesthesia at L5-S1 dermatome. The current diagnoses are: 1. Status post C5-C7 ACDF 2. Lumbar discopathy 3. Carpal Tunnel/Double Crush Syndrome 4. Right Shoulder Internal Derangement The utilization review report dated 04/02/14 denied the request for intramuscular injections based on the lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Intramuscular injection of 2cc of Toradol mixed with 1cc of Marcaine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

Decision rationale: The patient presents with low back pain. The current request is for 1 Intramuscular injection of 2cc of Toradol mixed with 1cc of Marcaine. MTUS states on pg.72, Ketorolac "This medication is not indicated for minor or chronic painful conditions." Academic Emergency Medicine, Vol 5, 118-122, Intramuscular ketorolac vs. oral ibuprofen in emergency department patients with acute pain, study demonstrated that there is "no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain." In review of reports, the treating physician has not documented an acute flare-up that required a Toradol injection and this injection is not recommended for chronic conditions. The current request is not medically necessary and appropriate.

1 Intramuscular injection of Vitamin B-12 Complex: Upheld

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

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

Decision rationale: The patient presents with low back pain. The current request is for 1 Intramuscular injection of Vitamin B-12 Complex. The MTUS or ACOEM guidelines do not discuss vitamin B injections. ODG does not recommend Vitamin B for chronic pain conditions. [REDACTED] clinical policy guidelines also state that Vitamin B-12 Therapy injections are medically necessary with the following diagnoses or conditions: Anemia; GI disorders; neuropathy associated with malnutrition; alcoholism; pernicious anemia or Posterolateral sclerosis; Dementia secondary to B-12 deficiency; Homocystinuria; Patient's receiving Methotrexate, Almita; Methomonic aciduria; B-12 deficiency due to metformin not corrected by oral B-12; or Retrobulbar neuritis associated with heavy smoking. There is no indication that the patient suffers from any of the above conditions as outlined in the guidelines. The current request is not medically necessary and appropriate.