

Case Number:	CM14-0054512		
Date Assigned:	07/09/2014	Date of Injury:	11/14/2012
Decision Date:	04/24/2015	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 51 year old female, who sustained an industrial injury on November 14, 2012. The injured worker was diagnosed as having cervicgia and lumbago. Treatment to date has included non-steroidal anti-inflammatory injections, vitamin B12 injections, medications, and physical therapy. On April 4, 2014, the injured worker complains of constant cervical and lumbar spine pain. The physical exam revealed tenderness at the cervical spine, traps, and lumbar spine with spasm, a positive Spurling, positive straight leg raise, and decreased range of motion. The treatment plan includes non-steroidal anti-inflammatory and vitamin B12 injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) Intramuscular injections of Toradol + B12 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 Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 72. Decision based on Non-MTUS Citation ODG - pain guidelines, Vitamin B and pg 141.

Decision rationale: According to the guidelines, Vitamin B is not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. In this case, there was no mention of Vitamin deficiency or anemia. Furthermore, the claimant had been on oral opioids and muscle relaxants. The pain scores were not routinely noted. There was no indication for an intramuscular injection of Toradol. In addition, Toradol is not indicated for chronic pain conditions. The request for the Toradol and B12 injection is not medically necessary.