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| <b>Case Number:</b>   | CM14-0081793 |                              |            |
| <b>Date Assigned:</b> | 07/21/2014   | <b>Date of Injury:</b>       | 02/19/2011 |
| <b>Decision Date:</b> | 03/24/2015   | <b>UR Denial Date:</b>       | 05/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/03/2014 |

### 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: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

### 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 39-year-old female who reported an injury on 02/19/2011. The mechanism of injury was not provided. The prior therapies were not provided. The surgical history was not provided. X-rays of the cervical spine were noted to reveal spondylosis in the mid cervical segment, most pronounced at C5-6. The documentation of 11/14/2013 revealed the injured worker had continued symptomatology including chronic headaches, tension between the shoulder blades, and migraines. The physical examination revealed tenderness at the cervical paravertebral muscles and upper trapezius muscles with spasm. The axial loading compression test and Spurling's maneuvers were positive. The examination of the lumbar spine revealed tenderness from the mid to distal lumbar segments. There was pain with terminal motion. The seated root test was positive. The diagnoses included cervical/lumbar discopathy. The treatment plan included an intermuscular injection of Toradol and Marcaine and B12 complex. The treatment plan included physical therapy. There was no Request for Authorization submitted for the requested injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **INTRAMUSCULAR INJECTION OF 2CC TORADOL W/1CC OF MARCAINE, #1:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines do not recommend the use of Toradol for chronic pain. There was a lack of documented rationale and documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for intramuscular injection of 2cc Toradol w/1cc of Marcaine, #1 is not medically necessary.

**INTRAMUSCULAR INJECTION VITAMIN B12 COMPLEX, #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**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, B vitamins & vitamin B complex

**Decision rationale:** The Official Disability Guidelines indicate that vitamin B12 complex is not recommended for the treatment of chronic pain unless it is associated with a documented vitamin deficiency. The clinical documentation submitted for review failed to provide documentation of a rationale for the performed injection. There was a lack of documentation indicating the injured worker had a vitamin B12 deficiency. Given the above, the request for intramuscular injection vitamin B12 complex, #1 is not medically necessary.