

<b>Case Number:</b>	CM15-0144753		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	11/14/2002
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: North Carolina  
 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 64 year old male who sustained an industrial injury on 11-14-2002. Mechanism of injury occurred while he was working as a roofer. Diagnoses include status post right shoulder surgery, cervicgia, pain in the right shoulder joint, pain in joints of multiple sites and encounter for long term use of other medications. Treatment to date has included diagnostic studies medications, ice and heat, status post right shoulder surgery, physical therapy, and home exercises. His medications included Diclofenac Sodium, Lidocaine, Lidoderm, Tylenol, Allopurinol and Amlodipine. A physician progress note dated 07-09-2015 documents the injured worker continues to complain of chronic neck pain and bilateral upper extremity pain. He has progressed pain across the back of the neck which he rates as 10 out of 10. His pain is aching and sharp. On examination he has cervical restricted range of motion, positive facet loading on the right and paracervical musculature tenderness. There is moderate to severe restricted right shoulder range of motion and tenderness is present at the right subdeltoid bursa and suprascapular nerve. He sleeps about 6 hours a night. He feels weak in his right arm. He is having difficulty with all activities of living due to pain. With this visit he received intramuscular injections of Toradol and Vitamin B12. The treatment plan includes appeal denial of C6-C7 and C7-T1 MBB, appeal denial of right suprascapular nerve block with ultrasound, and appeal denial of cervical x-rays. Treatment requested is for one Toradol-B12 injection, provided on July 8, 2015, one prescription for Ultram 50 mg, ninety counts, and one spinal Q brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One spinal Q brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298 - 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** The ACOEM chapter on low back complaints and treatment recommendations states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has chronic ongoing low back complaints. Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore, criteria for use of lumbar support per the ACOEM have not been met and the request is not medically necessary.

**One Toradol/B12 injection, provided on July 8, 2015:** 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), Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date, B12 injections.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The up-to date medical guidelines states that vitamin B12 injections are used to treat symptomatic B12 deficiencies in patients. The patient does not have a diagnosis of B12 deficiency as related to industrial incident and therefore the request is not medically necessary.