

Case Number:	CM15-0083048		
Date Assigned:	05/05/2015	Date of Injury:	08/17/2006
Decision Date:	06/04/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/30/2015

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 49 year old female, who sustained an industrial injury on 8/17/16. She reported initial complaints of lumbar spine. The injured worker was diagnosed as having lumbago; lumbar facet arthropathy; right ankle chondral defect, medial talar dome; right knee chondromalacia; anxiety and depression; right hip pain. Treatment to date has included status post attempted disc replacement L4-L5 (2009); status post lumbar posterior interbody fusion PLIF (12/19/14); acupuncture; physical therapy; aquatic therapy; urine drug testing; Toradol/Marcaine Injection (1/8/15); medications. Diagnostics included EMG/NCV lower extremities (4/24/13); MRI lumbar spine (3/8/13); CT scan lumbar spine (9/20/12); x-rays lumbar spine (2/19/15). Currently, the PR-2 notes dated 2/19/15 indicated the injured worker is a status post Posterior Lumbar Interbody Fusion (PLIF) L3-L5 on 12/19/14. She currently complains of intermittent pain in the low back that is aggravated by bending, lifting, and twisting, pushing, prolonged sitting, prolonged standing, walking multiple blocks. The pain is characterized as dull and radiates to the lower extremity. The injured worker notes the pain is improving indicating a pain scale of 4/10. Physical examination reveals the lumbar spine with a well-healing incision with no signs of infection or dehiscence. There is no calf tenderness or neurological deficit in the lower extremities. X-ray findings reveal flexion and extension dynamic radiographs of the spine with no hardware failure, good position and alignment PLIF L3-L5. An intramuscular injection of 80mg Depo-Medrol mixed with 2cc of Marcaine as well as an intramuscular injection of vitamin B-12 complex was administered for current orthopedic symptomology.

IMR ISSUES, DECISIONS AND RATIONALES

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

DepoMedrol 80mg with 2cc Marcaine IM injection DOS 2-19-15: 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 (update 04/06/15) Online Version; <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2903111/>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, steroid injections.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG does make recommendations for injections with the intent of relieving pain, improving function, decreasing medication use and return to work. Repeat injections should be done if prior injection have shown an objective 50% relief of pain for a sustained period. The provided clinical records for review do not meet these criteria and therefore the request is medically necessary.

Vitamin B-12 complex IM injection DOS 2-19-15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (updated 04/06/15) Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, vitamin B12 injections.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG does not recommend B12 injections in the treatment of pain. In addition there is not a lab documented vitamin B12 deficiency. Therefore, the injection is not medically indicated and the request is not medically necessary.