

Case Number:	CM15-0085649		
Date Assigned:	05/28/2015	Date of Injury:	05/01/2002
Decision Date:	06/29/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/04/2015

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:

This 62-year-old woman sustained an industrial injury on 5/1/2002. The mechanism of injury is not detailed. Diagnoses include multilevel lumbar discopathy with radiculitis, bilateral ankle sprain with left Achilles tendinosis, and a mild degree of fluid in the ankle joint. Treatment has included oral medications. Physician notes dated 3/11/2015 show complaints of low back pain rated 8/10 with radiation to the bilateral lower extremities. An injection of Depo Medrol mixed with Marcaine was administered during this visit as well as a B-12 injection. Recommendations include chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Vitamin B-12 complex IM injection: 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): B vitamins & vitamin B complex.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, vitamin B-12.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states the requested medication is indicated for the treatment of vitamin deficiency. There is no recorded or documented vitamin B12 deficiency and therefore the request is not medically necessary.

1 IM injection of Depo Medrol 80mg with 1cc of Marcaine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic).

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states the requested medication is indicated in intra-articular injections but not for intramuscular injections for pain relief. Therefore, the request is not medically necessary.