

Case Number:	CM14-0185107		
Date Assigned:	11/13/2014	Date of Injury:	07/14/2011
Decision Date:	12/16/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/06/2014

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 (IW) is a 49-year-old woman with a date of injury of July 14, 2011. The mechanism of injury was not documented in the medical record. Pursuant to the progress note dated April 1, 2013, the IW underwent a successful cervical decompression procedure. The date of the procedure was not documented in the medical record. She reports significant improvement in overall symptomatology. Examination of the cervical spine revealed full range of motion, some hoarseness, and complaints of dysphagia. The IW underwent an intramuscular (IM) injection of 80cc of Depo Medrol mixed with 1cc of Marcaine and in IM injection of Vitamin B12 complex mixed with 1cc of Marcaine. The provider recommends a follow-up. The IW may eventually require a swallow study and speech therapy. A cervical bone stimulator for the fusion has been advised. The IW is planning on returning to work on a trial basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: 1 IM injection 80cc Depo-Medrol Mixed with 1cc Marcaine DOS: 04/01/13:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Neck and Upper Back Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Steroids

Decision rationale: Pursuant to the Official Disability Guidelines, Depo-Medrol mixed with one cc Marcaine IM 80 mL (Date of April 1, 2013) is not medically necessary. Corticosteroids are not recommended for chronic pain except polymyalgia rheumatica. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects they should be avoided. In this case, the injured worker underwent successful cervical decompression. The date of surgery is not documented in the record. The injured worker reports significant improvement in overall symptoms, but complains of persistent hoarseness and some dysphasia. The injured worker is in the chronic phase of recovery and steroids should only be used in the acute phase. ENT recommended a vocal cord injection but the injured worker was to see a speech therapist first. It is unclear what injection the injured worker is to receive. There is no data on the efficacy and safety of systemic steroids in chronic pain. Consequently, Depo-Medrol mixed with one cc Marcaine IM 80 mL is not medically necessary.

RETRO: 1 IM injection of vitamin B12 complex mixed with 1cc Marcaine, DOS: 04/01/13:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Vitamin B, <http://ods.od.nih.gov/factsheets/VitaminB12-Consumer/>

Decision rationale: Pursuant to the Official Disability Guidelines and Medline plus (National Institutes of Health), vitamin B12 complex IM injection mixed with one cc Marcaine (date of service April 1, 2013) is not medically necessary. Vitamin B12 is a nutrient that helps keep the body's nerve and blood supply is healthy and helps make DNA, the genetic material in all cells. For additional details see attached link. The guidelines state vitamin B is not recommended for treatment of chronic pain. It is frequently used for treating peripheral dropsy but its efficacy is not clear. In comparing different doses of vitamin B complex. There was some evidence that higher doses resulted in a significant short-term reduction in pain and overall paresthesia. In this case, the injured worker underwent a successful cervical decompression. The injured worker has improved significantly, however complains of hoarseness and dysphasia. There is no indication or rationale in the medical record why the injured worker requires a B-12 complex injection. Additionally, there is no evidence of the B-12 deficiency. Consequently, vitamin B complex IM injection mixed with one cc Marcaine (date of service April 1, 2013) is not medically necessary.