

Case Number:	CM14-0093323		
Date Assigned:	07/25/2014	Date of Injury:	07/20/2010
Decision Date:	09/25/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/19/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 55 year-old female was reportedly injured on 7/20/2010. The mechanism of injury is not listed. The most recent progress note, dated 6/24/2014 indicates that there are ongoing complaints of chronic low back pain. The physical examination demonstrated lumbar spine: toe walk is abnormal on the left. Positive tenderness noted over the pair's finest musculature of the thoracic and lumbar spine. Muscle spasms noted over thoracic and lumbar spine and left. Limited range of motion with spasm. Decreased sensation at the L4-5 dermatome nonetheless. Muscle strength 4+5 on the left lower extremity. Reflexes 2+ equal bilaterally. No recent diagnostic studies are available for review. Previous treatment includes lumbar fusion, medications, and conservative treatment. A request had been made for intramuscular injection of vitamin B-12 complex and Toradol, and was not certified in the pre-authorization process on 6/3/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intramuscular injections of Vitamin B-12 complex and 2 cc of Toradol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toradol Page(s): 72. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/druginfo>; Official Disability Guidelines - Pain Chapter, Vitamin B.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Injection. Updated 9/10/2014.

Decision rationale: ODG guidelines state that the use of vitamin B as an injection is not recommended unless used for treating peripheral neuropathy, but even then it's efficacy is not clear. After review the medical records provided there was insufficient documentation from the treating provider the necessity of this injection. The patient does not have documentation of clinical findings on physical exam of peripheral neuropathy. Therefore this request is not medically necessary.