

Case Number:	CM13-0025260		
Date Assigned:	11/20/2013	Date of Injury:	09/13/2010
Decision Date:	01/13/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 physician 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 patient is a 53 YO, F with a date of injury on 9/13/10. The progress report dated 8/1/13 by [REDACTED] noted that the patient was seen for neck pain and severe headaches. The patient's diagnoses include: cervical radiculopathy; neck pain; right knee pain with internal derangement; left shoulder sprain/strain; chronic pin related insomnia; myofascial syndrome; neuropathic pain. A vitamin B-12, 2 cc IM x1 injection was recommended for nerve health and myofascial pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 IM injection of vitamin B-12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation European Review for Medical and Pharmacological Sciences, 2000..

Decision rationale: The progress report dated 8/1/13 by [REDACTED] noted that the patient was seen for neck pain and severe headaches. The patient's diagnoses include: cervical radiculopathy; neck pain; right knee pain with internal derangement; left shoulder sprain/strain; chronic pin

related insomnia; myofascial syndrome; neuropathic pain. A vitamin B-12, 2 cc IM x1 injection was recommended for nerve health and myofascial pain. A search of the MTUS and ODG guidelines did not reveal any specific, evidence-based guidelines, or scientific evidence to support the use of vitamin B-12 injections for myofascial pain management. There are some reports among animal studies that Vitamin B-12 injections can reduce inflammation. Some studies such as European Review for Medical and Pharmacological Sciences in 2000 reported evidence that Vitamin B12 injections can help treat mechanical low back pain. However, this study was a short-term follow up study and the treatment is not yet discussed in the main guidelines such as MTUS, ACOEM and ODG. As such, the injection is still considered experimental. Recommendation is for denial.