

<b>Case Number:</b>	CM13-0041997		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/25/2011
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 and is licensed to practice in Texas and Oklahoma. 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 reported injury on 07/25/2011. The mechanism of injury was stated to be the patient was on a high platform approximately 12 feet up when a metal dome fell off and struck her in the right forehead, causing a loss of consciousness for 15 minutes. The patient was noted to have a head compression sign that was mildly positive. The patient was noted to have less numbness in the right upper extremity. The examination of the right shoulder revealed the patient had slight tenderness in the acromioclavicular joint. The patient's diagnoses were noted to include right shoulder impingement, and cervical and lumbar discopathy. The request was made for a B12 complex injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for 1 intramuscular injection with vitamin B-12 complex:** 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 (Chronic)

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

**Decision rationale:** Official Disability Guidelines do not recommend vitamin B. It further indicates that vitamin B is frequently used for treating peripheral neuropathy, but its efficacy is not clear. There was a lack of documentation of rationale for the requested injection. Clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for 1 intramuscular injection with vitamin B-12 complex between 07/02/2013 and 07/02/2013 is not medically necessary.