

Case Number:	CM13-0052953		
Date Assigned:	12/30/2013	Date of Injury:	07/26/2006
Decision Date:	03/17/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/18/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 45 year old female with a 7/26/06 date of injury. At the time of request for authorization for B-12 injection, there is documentation of subjective (low back pain that radiates to the bilateral lower extremities, neck pain that radiates to the bilateral upper extremities, left shoulder pain, difficulty performing activities of daily living, and depression) and objective (decreased lumbar range of motion secondary to pain, decreased cervical range of motion secondary to pain, spinal vertebral tenderness at the C4-C7 level, cervical myofascial tenderness on palpation, myofascial trigger points in the bilateral trapezius muscles, and positive multiple tender points) findings, current diagnoses (lumbar radiculopathy, cervical radiculopathy, depression, anxiety, fibromyalgia, central pain syndrome, and status post right carpal tunnel release), and treatment to date (medications and exercise program). 9/3/13 medical report plan indicates B12 injection, given the patient's acute increase in pain. There is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a vitamin B12 injection is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

B-12 Injection: 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 Aetna; Vitamin B-12 Therapy

Decision rationale: MTUS and ODG do not specifically address this issue. Evidence based guidelines identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a vitamin B12 injection is indicated (such as: in the management of Vitamin B12 deficiency, anemia (macrocytic, megaloblastic, and pernicious anemia), gastrointestinal disorders (malabsorption, syndromes, decreased intrinsic factor, and surgical or mechanical disorders), neuropathy, dementia, homocystinuria, and/or medication use (methotrexate)) to support the medical necessity of Vitamin B12 injection. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, cervical radiculopathy, depression, anxiety, fibromyalgia, central pain syndrome, and status post right carpal tunnel release. However, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a vitamin B12 injection is indicated. Therefore, based on guidelines and a review of the evidence, the request for B-12 injection is not medically necessary.