

Case Number:	CM14-0000133		
Date Assigned:	01/10/2014	Date of Injury:	02/01/2005
Decision Date:	04/25/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/31/2013

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 Occupational Medicine and is licensed to practice in California 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 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 patient is a 58 year old female who was injured on 02/01/2005. The patient tripped and fell on the uneven sidewalk. Prior treatment history has included physical therapy, treatment for her knees, injection to her right knee and injections to her right shoulder. Medication history included Vicodin, Lidoderm Patch. The patient has a history of diabetes. The patient underwent right knee arthroscopic surgery. 08/20/2013 Medications Include: Insulin injections 30/70 Zestril (Lisinopril) 20 mg Norco 10/325 mg Lidoderm Patch 5 mg Elavil 50 mg B12 injections once a month. PR2 dated 12/17/2013, indicated the patient complained of right sided body pain and numbness from the shoulder to the hand. She stated that she was feeling pretty good today but overall she felt like her symptoms were worsening. She stated that she was scheduled for shoulder MRI. The patient's pain score was 3/10 and without pain medications, the patient's pain score is 10/10 with 10 being the worst pain imaginable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for B12 Injection #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Services Commission .Cobalamine (vit B12) deficiency-investigation and Management. Victoria (BC): British Columbia Medical Services Commission; 2012 jan1.5.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor, Vitamin B12 Deficiency.

Decision rationale: The ACOEM/MTUS Official Disability Guidelines and the Medical Disability Advisor were consulted regarding the use of B12 injections. Guidelines stated B12 injections are appropriate for the treatment of cobalamin deficiency. After reviewing document, and consulting with guidelines, it appears the use of B12 is not indicated. Guidelines recommend the use of B12 for cobalamin deficiency. Since there is no indicated that the patient has a cobalamin deficiency, its use is not appropriate. Therefore, the B12 injections are not medically indicated.