

Case Number:	CM14-0019511		
Date Assigned:	02/21/2014	Date of Injury:	08/22/2012
Decision Date:	06/26/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/14/2014

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 & Rehabilitation 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 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:

According to the records made available for review, this is a 36-year-old female with an 8/22/12 date of injury. At the time (1/13/14) of the Decision for retrospective: Vitamin B12 injection, there is documentation of subjective (low back pain, bilateral hand pain, and bilateral shoulder pain) and objective (antalgic gait, trigger point myospasms, positive Adson's test on the left, tenderness to palpation along the paracervical muscles, decreased range of motion, positive left Spurling's, positive bilateral Phalen's and reverse Phalen's, tenderness to palpation of the paralumbar muscles with trigger point myospasms bilaterally) findings, current diagnoses (cervical spine strain/sprain, lumbar spine sprain/strain, bilateral trigger point myospasms, NSAID-induced gastritis, left thoracic outlet syndrome with bilateral plexopathy, and constipation - resolved with medications), and treatment to date (medication, electrical stimulation, physical therapy, acupuncture, and bracing). There is no documentation of a condition/diagnosis for which vitamin B12 injection is indicated (such as vitamin B12 deficiency; pernicious anemia; gastrointestinal pathology; malignancy (pancreas or bowel); or folic acid deficiency).

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE: VITAMIN 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 Other Medical Treatment Guideline or Medical Evidence: (<http://www.rxlist.com/cyanocobalamin-drug/indications-dosage.htm>)

Decision rationale: MTUS does not address this issue. Medical Treatment Guideline identifies documentation of a condition/diagnosis for which vitamin B12 injection is indicated (such as vitamin B12 deficiency; pernicious anemia; gastrointestinal pathology; malignancy (pancreas or bowel); or folic acid deficiency), to support the medical necessity of vitamins B12 injection. Within the medical information available for review, there is documentation of diagnoses of cervical spine strain/sprain, lumbar spine sprain/strain, bilateral trigger point myospasms, NSAID-induced gastritis, left thoracic outlet syndrome with bilateral plexopathy, and constipation - resolved with medications. However, there is no documentation of a condition/diagnosis for which vitamin B12 injection is indicated (such as vitamin B12 deficiency; pernicious anemia; gastrointestinal pathology; malignancy (pancreas or bowel); or folic acid deficiency). Therefore, based on guidelines and a review of the evidence, the request for retrospective Vitamin B12 injection is not medically necessary and appropriate.