

Case Number:	CM14-0122939		
Date Assigned:	08/08/2014	Date of Injury:	10/30/2012
Decision Date:	10/02/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/04/2014

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 Illinois. 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 injured worker is a 38-year-old female, who reported an injury on 10/30/2012. The mechanism of injury was not provided. On 08/01/2014, the injured worker presented with constant pain in the low back that is aggravated by bending, lifting, twisting, and pushing and pulling. Upon examination of the lumbar spine, there was palpable paravertebral muscle tenderness with spasm and a positive seated nerve root test. Range of motion was guarded and restricted. There was tingling and numbness in the posterior leg and lateral foot in the S1 dermatomal pattern and 4/5 strength in the ankle plantar flexors and S1 innervated muscles. The diagnosis was lumbago. Prior treatment included medications. The provider recommended an IM injection of the vitamin B12 complex. The provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

IM injection of Vitamin B12 complex: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The request for an IM injection of Vitamin B12 complex is not medically necessary. The Official Disability Guidelines does not recommend vitamin B. Vitamin B is frequently used to treat peripheral neuropathy, but its efficacy is not clear. As the guidelines do not recommend vitamin B, the vitamin B12 complex IM injection would not be warranted. As such, medical necessity has not been established.