

<b>Case Number:</b>	CM14-0128120		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	08/31/1999
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review, indicate that this 56 year old female was reportedly injured on 8/31/1999. The mechanism of injury is undisclosed. The most recent progress note, dated 6/30/2014, indicated that there were ongoing complaints of chronic neck and right shoulder pains. The physical examination demonstrated cervical spine had a well healed incision. The patient had toe walked and heel walk was normal. There was also positive tenderness in the paraspinal musculature of the cervical region in the anterior neck, limited range of motion was of the cervical spine, mild spasm on cervical range of motion was present, muscle strength was normal except for mild shoulder elevation weakness secondary to pain, upper extremity reflexes were 2/2 bilaterally with mild positive head compression, right shoulder had positive tenderness at the sternal clavicular joint, anterior capsule, and acromioclavicular joint (AC) joint, limited range of motion, positive crepitation, Hawkin's and Neers tests were positive, and muscle strength was 4+/5. No recent diagnostic studies are available for review. Previous treatment included injections, medications, and conservative treatment. A request was made for intramuscular injection of Vitamin B12 and was not certified in the preauthorization process on 7/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intramuscular injection Vitamin B12 complex, Date of Service (DOS): 06/30/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Worker's Compensation Pain Summary last updated 06/10/2014.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (Chronic) B12, Updated 9/10/2014.

**Decision rationale:** According to Official Disability Guidelines (ODG), it is frequently used for treating peripheral neuropathy, but its efficacy is not clear. Studies concluded that there are only limited data in randomized trials testing the efficacy of Vitamin B for treating peripheral neuropathy and the evidence is insufficient to determine whether it is beneficial or harmful. After reviewing of the medical documentation provided, the patient received an intramuscular injection of Vitamin B12. There is no significant documentation justifying the need for this injection. Based on guideline recommendations, the request of Intramuscular injection Vitamin B12 complex, Date of Service (DOS): 06/30/14 is not medically necessary and appropriate.