

Case Number:	CM14-0138602		
Date Assigned:	09/03/2014	Date of Injury:	03/24/1998
Decision Date:	10/10/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/22/2014

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 62-year-old male was reportedly injured on 3/24/1998. The only progress note available for review was dated 5/2/2013 and indicates that there were ongoing complaints of intermittent headaches and cervical spine pain. Physical examination of the cervical spine demonstrated tenderness to the paraspinal musculature with spasm, decreased range of motion, and spasm to the left upper mid trapezius muscles. Multiple trigger points were noted with referred pain up to the scalp. The previous utilization review referenced a progress note dated 7/11/2014; however, that progress note was not available for this independent medical review. No recent diagnostic imaging studies were available for review. Previous treatment included physical therapy, home exercises, trigger point injections and medications. A request had been made for a retrospective intramuscular injection of B12 complex on 7/11/14, which was not certified in the utilization review on 8/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intramuscular injection of B12 complex on 7/11/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines B12 Injections

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

TWC/ODG Integrated Treatment/Disability Duration Guidelines: Pain (Chronic) - Vitamin B (updated 10/02/14).

Decision rationale: MTUS/ACOEM practice guidelines do not address this request. The Official Disability Guidelines states that vitamin B injections are "not recommended for the treatment of chronic pain". Although vitamin B is frequently used for treating peripheral neuropathy, its efficacy has not been established and it fails to meet the appropriate evidence-based medicine standards. As such, the request for Intramuscular Injection Of B12 Complex is not considered medically necessary.