

Case Number:	CM14-0146298		
Date Assigned:	09/12/2014	Date of Injury:	06/14/2013
Decision Date:	11/04/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/09/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 60 year old male with an injury date of 06/14/13. Per the 08/11/14 report by [REDACTED], the patient presents with daily intermittent headaches with daily neck to left shoulder muscle tightness and pain, daily intermittent lower back left sided pain that radiates to the left hip and left leg down to the ankle. The patient also presents with constant left knee pain better with medication and constant bilateral toe pain with toes that curl under. The patient is currently working. Examination of the cervical spine reveals tenderness of the left paracervical spine musculature in juxtaposition for C4 to C7 without spasm. Examination of the shoulders shows impingement sign positive right with tenderness anteriorly over both shoulders. For the left knee there is tenderness of the medial joint line. The patient's diagnoses include: Myoligamentous strain/sprain, cervical spine Residuals of chronic sprain/strain injury, bilateral shoulders. Chronic sprain/strain, right hand/wrist by history Compression/contusion injury of the left knee, status post -arthroscopic surgery (date unknown) with residuals History of chronic headaches. Current medications listed as, Hydrocodone for pain, and both Diabetes and high blood pressure medications. The utilization review being challenged is dated 08/27/14. The rationale is that there is inadequate documentation to support the suspicion of a vitamin B12 deficiency. The only region of the patient having spasms is the toe. Reports were provided from 02/26/14 to 08/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin B-12 Gluteal muscle injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Vitamin B, Mental illness & Stress, Vitamin B12

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) ODG pain chapter, Vitamin B X Other Medical Treatment Guideline or Medical Evidence: AETNA, Vitamin B-12 Therapy Injections.

Decision rationale: The patient presents with headaches and neck to left shoulder pain and tightness as well as lower back left sided pain radiating to the left hip and left leg along with left knee and bilateral toe pain from toes that curl under. The treater requests for a decision for Retrospective vitamin B-12 Gluteus muscle injection. MTUS or ACOEM does not discuss vitamins ODG does not recommend Vitamin B for chronic pain condition. Aetna clinical policy guidelines also state that Vitamin B-12 Therapy injections are medically necessary with the following diagnoses or conditions: Anemia; GI disorders; neuropathy associated with malnutrition; alcoholism; pernicious anemia or Posterolateral sclerosis; Dementia secondary to B-12 deficiency; Homocystinuria; Patient's receiving Methotrexate, Almita; Methomonic aciduria; B-12 deficiency due to metformin not corrected by oral B-12; or Retrobulbar neuritis associated with heavy smoking. The treater does not discuss this treatment in the reports provided. There is no diagnosis or discussion of Vitamin B-12 deficiency. Furthermore, the patient does not present with any of the diagnosis that require Vitamin B12 therapy. Therefore, the request for Vitamin B-12 Gluteal Muscle Injection is not medically necessary.