

Case Number:	CM14-0158026		
Date Assigned:	10/01/2014	Date of Injury:	02/24/2009
Decision Date:	11/06/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/26/2014

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, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of 2/24/09. A utilization review determination dated 8/25/14 recommends non-certification of B12 injection. 8/18/14 medical report identifies radiating neck and back pain with numbness and tingling, 7/10. On exam, there is limited ROM, tenderness, SLR positive bilaterally, and decreased sensation in the right C6 and L4 dermatomes. Recommendations included Toradol injection, Ibuprofen, Colace, Omeprazole, multiple topical analgesics, and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

B-12 injection: Upheld

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

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

Decision rationale: Regarding the request for B12 injection, California MTUS guidelines do not contain criteria for the use of B12. Per ODG, Vitamin B is "Not recommended. Vitamin B is

frequently used for treating peripheral neuropathy but its efficacy is not clear. A recent meta-analysis 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 vitamin B is beneficial or harmful." Within the documentation available for review, there is no indication that this patient has a vitamin B deficiency that would support the use of supplementation, as it is not supported in the management of pain or neuropathy. In light of the above issues, the current request for B12 injection is not medically necessary.