

Case Number:	CM14-0163090		
Date Assigned:	10/08/2014	Date of Injury:	03/07/2012
Decision Date:	11/26/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/03/2014

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 Occupational 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 case is a 50 year old female employee with a date of injury on 3/7/2012. A review of the medical records indicates the patient is undergoing treatment for cervical sprain, lumbar disc bulge, spondylosis, lumbar radiculopathy, and foraminal stenosis. Subjective complaints (12/2/2013) include pain, spasms, and stiffness to low back with radiating pain and numbness. On 12/30/2012, patient complains of numbness to bilateral hands and legs. Objective findings (12/2/2013, 12/30/2014) include decreased lumbar range of motion, 4/5 lumbar muscle strength and spasms of right lumbar muscles. MRI of lumbar spine dated 1/20/2014 indicates degenerative changes to L5-S1 and broad disc bulge to L5-S1. Treatment has included physical therapy (unknown number of sessions), Norco, Cyclobenzaprine, Lyrica, and Motrin. A utilization review dated 9/30/2014 non-certified the following:- Injection of Vitamin B-12 Cyanocobalamin 1000mcg due to not having clinical indication.- Injection of Vitamin B-12 due to not having clinical indication.- Left L4-L5 + L5-S1 TFESI due to lack of MRI corroboration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection of Vitamin B-12 Cyanocobalamin 1000mcg: Upheld

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

Decision rationale: MTUS is silent with regards to Vitamin B, therefore other guidelines were utilized. ODG states regarding Vitamin B, "Not recommended for the treatment of chronic pain. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear."The medical records do not substantiate a Vitamin B deficiency, which would necessitate Vitamin B-12 supplementation. While there appears to be subjective complaints of numbness, ODG states that the use of vitamin B for treatment of neuropathy is clearly efficacious. As such, the request for Injection of Vitamin B-12 Cyanocobalamin 1000mcg is not medically necessary.

Injection Vitamin B12: Upheld

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

Decision rationale: MTUS is silent with regards to Vitamin B, therefore other guidelines were utilized. ODG states regarding Vitamin B, "Not recommended for the treatment of chronic pain. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear."The medical records do not substantiate a Vitamin B deficiency, which would necessitate Vitamin B-12 supplementation. While there appears to be subjective complaints of numbness, ODG states that the use of vitamin B for treatment of neuropathy is clearly efficacious. As such, the request for Injection of Vitamin B-12 is not medically necessary.

Left L4-L5 + L5-S1 TFESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315,Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural Steroid Injections (ESIs), Therapeutic.

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to include: 1)

Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance.4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections.5) No more than two nerve root levels should be injected using transforaminal blocks.6) No more than one interlaminar level should be injected at one session.7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Some radiculopathy does appear to be documented, but dermatomal distribution is not detailed. MRI does indicate some abnormalities, but is not clearly linked with the radiculopathy. The patient is taking multiple medications, but the progress reports do not document how long the patient has been on these medications and the "unresponsiveness" to the medications. Additionally, treatment notes do not indicate if other conservative treatments were tried and failed (exercises, physical therapy, etc.). As such, the request for L4-L5 and L5-S1 left transforaminal lumbar epidural steroid injection is not medically necessary.