

Case Number:	CM14-0027251		
Date Assigned:	06/13/2014	Date of Injury:	08/02/2007
Decision Date:	07/16/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/03/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 injured worker is a 58-year-old female who was reportedly injured on August 2, 2007. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated March 24, 2014, indicates there were ongoing complaints of generalized body and joint pain. The physical examination demonstrated crepitus of the bilateral knees. Nerve conduction studies of the upper extremities and lower extremities were reported as normal. Continued conservative management was recommended. There was a referral for a psychiatric evaluation, and Neurontin was prescribed. A request was made for vitamin B complex injection and was not certified in the pre-authorization process on January 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

VITAMIN B COMPLEX 1ML IM 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.

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), Vitamin B, updated June 10, 2014.

Decision rationale: Vitamin B injections are sometimes used to treat peripheral neuropathy and symptoms. However, according to the Official Disability Guidelines, vitamin B injections are not recommended, because 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. For this reason, this request for a Vitamin B Injection is not medically necessary.