

Case Number:	CM14-0033881		
Date Assigned:	06/20/2014	Date of Injury:	04/22/2000
Decision Date:	07/18/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/18/2014

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 Anesthesiology 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:

According to the records made available for review, this is a 67 year old male with a 4/22/00 date of injury. At the time (2/19/14) of the request for authorization for B12 injection, there is documentation of subjective (difficulty walking due to left gluteal pain, left calf weakness) and objective (left calf/gastroc 3/5, dorsiflexion 4/5, left ankle jerk absent) findings, current diagnoses (lumbar radiculopathy, lumbago, and lumbar herniated nucleus pulposus), and treatment to date (PT and medication).

IMR ISSUES, DECISIONS AND RATIONALES

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

B12 injection: Upheld

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

Decision rationale: The ODG identifies that vitamin B is not recommended; that it is frequently used for treating peripheral neuropathy, but its efficacy is not clear. Therefore, based on guidelines and a review of the evidence, the request for B12 injection is not medically necessary and appropriate.

