

Case Number:	CM14-0038527		
Date Assigned:	06/27/2014	Date of Injury:	06/28/2000
Decision Date:	08/15/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/02/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 42 year-old female was reportedly injured on June 28, 2000. The mechanism of injury is not listed in the records reviewed. The most recent progress note is dated June 6 2013 and indicates that there are ongoing complaints of neck pain. The physical examination was not presented in this progress note. Diagnostic imaging studies were not referenced either. Previous treatment includes cervical surgery, removal of hardware, left shoulder arthroscopy. A request was made for a B-12 injection and was not certified in the pre-authorization process on March 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

IM Injection of Vitamin B-12 Complex(DOS: 02/22/2012): Upheld

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

Decision rationale: The MTUS or ACOEM Guidelines do not address this particular topic. The parameters noted in the ODG were employed, and there is no noted literature demonstrating the

efficacy or utility of a Vitamin B 12 injection. Furthermore, there are no current clinical notes presented to support the efficacy of the prior injections, the current clinical situation, or offer any narrative as to why this injection would be considered medically necessary. As such, the medical necessity cannot be established for this request.