

<b>Case Number:</b>	CM14-0055010		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 43 year old female was reportedly injured on May 18, 2012. The mechanism of injury is undisclosed. The most recent progress note, dated February 12, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated tenderness at the bilateral SI joints, lumbar paravertebral muscles with spasms, antalgic gait present, and a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine showed a disc protrusion at L5 to S1 with facet changes. Previous treatment includes lumbar spine epidural steroid injections and medial branch blocks. A request was made for a vitamin B12 injection and was not certified in the preauthorization process on May 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vitamin B12 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, Vitamin D, Updated July 10, 2014.

**Decision rationale:** According to the Official Disability Guidelines vitamin B is not recommended for treatment. It is stated that vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear and there is insufficient evidence to determine whether vitamin B is beneficial or harmful. Therefore this request for a vitamin B12 injection is not medically necessary.