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| Case Number: | CM14-0070130 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 10/03/2001 |
| Decision Date: | 08/28/2014 | UR Denial Date: | 05/08/2014 |
| Priority: | Standard | Application Received: | 05/15/2014 |

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 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:

The injured worker is 69-year-old-female sustained industrial injury on 10-03-01 when she she slipped and fell on her left side on the floor, hitting her knee, hip, shoulder and wrenched her neck and experienced pain at the left hip and groin area, neck and shoulder. The patient complains of pain is in the neck and back with radiation to bilateral lower extremity to her feet. The pain intensify at its best is 5/10; at its worst 7/10; and on average 5/10. She complains of headache associated with neck pain. The headache is in the occipital and temporal region and is relieved by Neurontin. Flexion and extension of the neck and turning the head will increase the symptoms. Magnetic resonance imaging (MRI) of cervical spine dated 09/04/2013 showed marginal cervical thoracic dextroscoliosis, Multilevel degenerative disc disease changes, moderate spinal stenosis at C6-C7 with evidence of neural impingement, Foraminal narrowing multiple levels especially at C6-C7. MRI of left knee dated 08/07/13, showed minor joint fluid with no Baker's cyst, Mild osteoarthritis. On 08/23/2013 ESI lumbar/caudal performed at [REDACTED]. Medications are Tizanidine, Zolpidem tartrate ER, Voltaren, baby aspirin, armour thyroid, clobetasol propionate, dhea Cr, D3 maximum strength, vivelse-dot patch, and vitamin A. Patient has seasonal allergies, neurontin anticonvulsant; drowsiness, Lyrica anticonvulsants, rash; eye edema. Diagnoses are cervical degenerative disc disease and radiculopathy. UR determination request for Vitamin B12 injection, due to lack of medical necessity, is denied.

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 Mauro, G.L., et.al., Vitamin B12 in low back pain:a randomised, double-blind, placebo-controlled study. Eur Rev Med Pharmacol Sci, 2000. 4(3): p. 53-8.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Pub. Med and PDR.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) guidelines do not address this issue. Pub Med & PDR were consulted. There is no evidence or presentation of Vit. B12 deficiency, such as anemia, GI symptoms or gait dysfunction in this injured worker. There is no general consensus over any benefit with B12 and treatment of low back pain or radiculopathy. Furthermore, the request is not a workers' compensation issue. Therefore, the request is not medically necessary according to lack of documentation.