

<b>Case Number:</b>	CM14-0077987		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	08/15/2007
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 35 year old male whose date of injury is 08/15/2007. Note dated 07/17/14 indicates that the injured worker sustained cumulative trauma injuries secondary to repetitive work activities. Treatment to date includes bracing, physical therapy, lumbar epidural steroid injections and medication management. Impression notes persistent pain in the neck, left shoulder and low back, persistent right cubital and carpal tunnel syndrome, and mild impingement of the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Request for Intramuscular Injection of Vitamin B-12 Complex; DOS 1/24/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN Page(s): 60-61.

**Decision rationale:** Based on the clinical information provided, the request for retrospective intramuscular injection of vitamin B-12 complex DOS 01/24/14 is not recommended as medically necessary. There are no clinical records from dates prior to 01/24/14 submitted for

review to establish vitamin B deficiency. The procedure note is not submitted for review, and there are no records provided from the actual date of service. There is no clear rationale provided to support the request. Therefore, medical necessity cannot be established for the requested injection in accordance with CA MTUS guidelines.