

Case Number:	CM14-0094323		
Date Assigned:	07/25/2014	Date of Injury:	05/10/1999
Decision Date:	08/28/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/20/2014

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 Internal Medicine, and is licensed to practice in Virginia and Washington, DC. 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:

This is a patient who sustained injury on May 10 1990. He was diagnosed with low back syndrome, bilateral carpal tunnel syndrome and tendonitis. He underwent right carpal tunnel release and had arthroscopy on his left shoulder. He had persistent aching pain in the low back area and left leg. The patient was seen by [REDACTED] on June 4 2014 and was prescribed soma, ultram, and xanax. He was given flexeril and ambien, as well as B12 and toradol injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 of 7 injection B-12: body part lumbar spine; left leg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation emedicine.medscape.com.

Decision rationale: MTUS and ACOEM do not specifically address this issue. There is no indication that the patient had vitamin B12 deficiency or pernicious anemia for which supplementation would be indicated. This is not medically needed from the documentation provided.