

<b>Case Number:</b>	CM14-0097482		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/17/2010
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, wrist, elbow, and foot pain reportedly associated with an industrial injury of September 17, 2010. The applicant has been treated with the following: Analgesic medications; earlier cervical spine surgery; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated May 15, 2012, the claims administrator was restless to be denied a vitamin B12 injection administered on May 16, 2012. The applicant's attorney subsequently appealed. In a progress note dated July 14, 2014, the applicant reported ongoing complaints of neck, low back, wrist, hand, hip, and ankle pain. Radicular symptoms were also appreciated. Permanent work restrictions were renewed. It was stated that the applicant should pursue a revision cervical spine surgery. It was not evident whether the applicant was working with permanent limitations or not. In a June 15, 2011 progress note, it was suggested that the applicant was working light duty with [REDACTED] as of that point in time. Somewhat incongruously, another section of the note stated that the applicant was working regular duty. The applicant's medications included losartan, Protonix, Prilosec, Relafen, and tramadol. There was no mention of the applicant's having any issues with vitamin deficiency. Somewhat interestingly, the attending provider stated that the applicant was using a blood pressure lowering medication, losartan, in the medications section of the note, but then stated that the applicant denied any history of hypertension. On January 13, 2014, the applicant was given diagnosis of chronic neck and low back pain status post earlier cervical and lumbar fusion surgeries, bilateral carpal tunnel syndrome, right cubital tunnel syndrome, hip pain, and plantar fasciitis. The applicant was placed off of work, on total temporary disability, on this occasion. There was no mention of any issues with a vitamin deficiency present on this date.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection of Vitamin B-12 Complex mixed with 1 cc Marcaine (DOS 5/16/12): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary(last updated 04/10/2014)

**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: ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Vitamins section.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) does not address the topic. However, the Third Edition American College of Occupational and Environmental Medicine (ACOEM) Guidelines note that vitamins are "no recommended" in the treatment of chronic pain if documented nutritional deficiency or nutritional deficit states are absent. Here, however, there was/is no mention of any issues with a vitamin B12 deficiency evident on several progress notes, referenced above. Therefore, the vitamin B12 injection at issue was not medically necessary.