

Case Number:	CM13-0004572		
Date Assigned:	08/08/2013	Date of Injury:	05/01/2002
Decision Date:	03/23/2015	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/29/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old male who reported an injury on 05/11/2002. The mechanism of injury was cumulative trauma. The documentation of 01/10/2013 revealed the injured worker was in the office for an orthopedic re-evaluation. The injured worker had complaints of neck pain radiating to the left upper extremity with numbness and tingling. The injured worker indicated his low back pain had improved subsequent to surgery. The physical examination of the cervical spine revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. There was a positive axial loading compression test on Spurling's maneuver. There was painful restricted range of motion of the cervical spine. There was dysesthesia at the C5-7 dermatomes on the left. The physical examination of the lumbar spine revealed a well healed midline scar. There was tenderness at the lumbar paravertebral muscles. There was pain at terminal motion. The neurovascular status was intact. The diagnoses included status post C4-7 cervical laminectomy with multilevel cervical spondylosis, status post L4-S1 posterior lumbar interbody fusion, double crush syndrome, and electrodiagnostic evidence of bilateral C5-6 radiculopathy, carpal tunnel, and electrodiagnostic evidence of right tibial entrapment neuropathy. The treatment plan included a B12 complex mixed with 1 mL Marcaine injection for symptomatic relief. Additionally, the request was made for physical therapy for the lumbar spine. There was no Request for Authorization submitted for review. There was no documentation dated 04/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 4/18/13) FOR 1 INTRAMUSCULAR INJECTION OF VITAMIN B-12 COMPLEX MIXED WITH MARCAINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Vitamin B, B vitamins & vitamin B complex, Lidocaine (anesthetic)

Decision rationale: The Official Disability Guidelines indicated that B complex vitamins including B12 are not recommended for the treatment of chronic pain unless there is an associated documented vitamin deficiency. The clinical documentation submitted for review indicated the injection was for pain control. Additionally, they indicate that lidocaine of which Marcaine is in the same family is utilized for anesthesia. There was a lack of documentation indicating the injured worker had an associated, documented vitamin deficiency. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, there was a lack of documentation dated 04/18/2013. Given the above, the request for retrospective request (DOS: 4/18/13) for 1 intramuscular injection of vitamin B-12 complex mixed with Marcaine is not medically necessary.

RETROSPECTIVE REQUEST FOR 1 X-RAY OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that lumbar x-rays should not be recommended in injured workers with low back pain in the absence of red flags for serious spinal pathology even if the patient has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in the injured worker's management. There was a lack of documented rationale. There was a lack of documentation requesting the x-ray. There was a lack of documentation indicating the injured worker had red flags. Given the above and the lack of documentation, the retrospective request for 1 x-ray of the lumbar spine is not medically necessary.