

Case Number:	CM14-0101089		
Date Assigned:	07/30/2014	Date of Injury:	07/02/2012
Decision Date:	07/15/2015	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/30/2014

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. 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: Ohio, North Carolina, Virginia
 Certification(s)/Specialty: Family Practice

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 52 year old male, who sustained an industrial injury on 7/02/2012. Diagnoses include headaches, skull plate implant, thoracic dis displacement - herniated nucleus pulposus, pain in thoracic spine, thoracic and lumbar scoliosis, low back pain, lumbar herniated nucleus pulposus with radiculopathy, left hip degenerative osteoarthritis, left inguinal hernia, anxiety, mood disorder, stress and psychosexual dysfunction. Treatment to date has included conservative care including medications (NSAIDs and muscle relaxants), epidural steroid injections, sacroiliac joint injections, physical therapy, home exercise and acupuncture. Per the Primary Treating Physician's Progress Report dated 3/10/2014 the injured worker reported intermittent, sharp, throbbing headaches localized at the base of the skull and rated 5-6/10, mid back pain with muscle spasms rated 8/10, radicular low back pain and muscle spasm rated 7-8/10, left hip pain with muscle spasm rated 6-7/10, stress, anxiety, insomnia, depression and sexual dysfunction. Physical examination of the thoracic spine revealed tenderness over the spinous process, T4, T5, T6, bilateral thoracic paraspinal muscle guarding and decreased range of motion. Lumbar spine exam revealed an antalgic gait, he walks with a cane. He was unable to heel toe walk secondary to pain and squat to 10%. There was bilateral lumbar paraspinal muscle guarding noted. The spinous processes at L3-5 were tender to palpation. There was decreased range of motion and straight leg raise test was positive at 40 degrees on the right and 35 degrees on the left. Upon examination of the left hip there was noted tenderness to palpation of the right trochanter with decreased range of motion. The plan of care included medications, consultations and acupuncture. Authorization was requested for a B12 injection administered at right buttocks on 4/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: B12 injection - right buttocks: 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 (Vitamin B); <http://www.ncbi.nlm.nih.gov/pubmed/11558625>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), B vitamins and vitamin B complex.

Decision rationale: B vitamins are not recommended for the treatment of chronic pain unless this is associated with documented vitamin deficiency. There are multiple B vitamins with specific symptoms due to deficiency: (1) vitamin B1 (thiamine) - beriberi; (2) vitamin B2 (riboflavin); (3) vitamin B3 (niacin or nicotinic acid) - pellegra; (4) vitamin B5 (pantothenic acid); (5) vitamin B6 (pyridoxine); (6) vitamin B7 (biotin); (7) vitamin B9 (folic acid) - megaloblastic anemia; (8) vitamin B12 (various cobalamins) - pernicious anemia, myelopathy, neuropathy, dementia, subacute combined degeneration of the spine, and decreased cognition. Treatment of vitamin B12 deficiency is generally parenteral. Vitamin B Complex contains the above 8 vitamins plus para-aminobenzoic acid, inositol, and choline. It is frequently used for treating peripheral neuropathy but its efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy (diabetic and alcoholic). Evidence was insufficient to determine whether specific B vitamins or B complex for these conditions was beneficial or harmful. In this instance, a B12 injection was given to the injured worker on 5-14-2014 for "nutritional support, muscle spasms, and fatigue." The submitted documentation does not contain evidence of a vitamin B12 deficiency however. Therefore, a B12 injection to the right buttocks was not medically necessary and appropriate.