

Case Number:	CM14-0138083		
Date Assigned:	09/05/2014	Date of Injury:	01/09/2013
Decision Date:	04/21/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/25/2014

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: 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 (IW) is a 35-year-old female who sustained an industrial injury to her lower back on 01/09/2013. According to the Secondary Treating Physician's Initial Report dated 5/22/14, the Injured Worker reported frequent right low back pain, radiating to the right mid-back and right lower extremity. She also complained of bowel incontinence. The Injured Worker was diagnosed with lumbar spine sprain/strain, lumbar radiculopathy, idiopathic peripheral autonomic neuropathy and unspecified disorder of the autonomic nervous system. Treatment to date has included medications, TENS and epidural steroid injections. Diagnostic testing included MRI and x-ray of the lumbar spine. There was no documentation of the rationale for the B12 injection requested or the Injured Worker's response.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Vitamin B12 Injection Gluteus Muscle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Vitamin B.

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The request is for Retro Vitamin B12 Injection into Gluteus Muscle. The patient has had physical therapy, acupuncture, LESI on 07/11/14 with 50% improvement and TENS unit with significant benefit. ODG, Pain Chapter, Vitamin B, states, "Not recommended for the treatment of chronic pain. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear". In this case, the patient has had vitamin B12 injection into Gluteus muscle on 05/22/14. None of the reports indicate why the patient needed B12 injection or how the patient has responded to the previous injection. The treater does not explain why another B12 injection is needed. ODG does not recommend this medication for chronic pain. If intended for peripheral neuropathy, efficacy is not clear. The request IS NOT medically necessary.