

<b>Case Number:</b>	CM14-0156707		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 54 year old male who was injured on 10/13/2010 when he was removing tiles, affecting his right shoulder and low back. He was diagnosed with lumbar radiculopathy. He was treated with low back surgery, medications, and epidural injection. On 7/15/14, the worker was seen by his pain management physician reporting constant and persistent low back pain with radiation to the lower extremities with associated numbness and tingling. His pain was rated at 9/10 on the pain scale. Physical examination findings included positive straight leg raise and bilateral lower extremity decreased sensation of dermatomes L5 and S1. He was then recommended an epidural injection, topical analgesics, oral medications, a drug screen test, and a vitamin B12 injection (intramuscular). No explanation to justify the vitamin B12 injection was provided in the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**B12 injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Vitamin B

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Vitamin B

**Decision rationale:** The MTUS Guidelines are silent regarding vitamin B12 injections. The ODG, however, states that vitamin B is not recommended for the treatment of chronic pain. Chronic vitamin B12 deficiency related to extreme vegan diets and/or pernicious anemia (poor absorption) can eventually lead to peripheral neuropathy as well as other symptoms. Diagnosis is based on history and blood testing for serum levels of vitamin B12 or methylmalonic acid levels. Using supplemental B vitamins for other causes of peripheral neuropathy such as spinal radiculopathy, has not shown to be beneficial unless deficiency also exists. In the case of this worker, there was no evidence to suggest the cause of his neuropathic pain was due to vitamin B12 deficiency. Nor was there any laboratory evidence of a deficiency in vitamin B12 to justify providing a vitamin B12 injection. The injection, therefore was inappropriate and medically unnecessary.