

Case Number:	CM14-0182039		
Date Assigned:	12/15/2014	Date of Injury:	06/04/2003
Decision Date:	01/23/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	11/03/2014

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 Montana. 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 injured worker is a machine operator with a date of injury of 6/4/03 when he fell at work. He continues to have complaints of chronic low back pain with radiation to both legs, chronic cervical pain with radiation to both arms, left ankle pain, thoracic pain, left knee pain and shoulder pain. His current diagnoses include lumbar radiculopathy with degenerative disc disease, lumbar failed surgery syndrome, and cervical strain with radiculitis, myalgia/myositis, left ankle pain, left knee pain, left shoulder pain, C6-7 annular tear and chronic pain syndrome. Treatment has included B-12 injections, Toradol injections, hydrocodone, topical compounded analgesics, Lidoderm patches, physical therapy with home exercise program, chiropractic treatment, acupuncture, aquatic conditioning, epidural steroid injections, and spinal cord stimulator. Surgical treatment included an L3-4 and L4-5 fusion with subsequent hardware removal. The primary treating physician has requested one B-12 IM injection in the left gluteal muscle and unknown refill of supplies (electrodes, batteries and wipes) for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

One B12 IM injection in the left gluteal muscle: 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, Vitamin B, and Mental Illness and Increased Stress, Vitamin B-12

Decision rationale: The MTUS does not address the use of vitamin B-12. The Official Disability Guidelines (ODG) notes that vitamin B is not recommended for the treatment of chronic pain. Vitamin B 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 and the evidence is insufficient to determine whether vitamin B is beneficial or harmful. In comparing different doses of vitamin B complex, there was some evidence that higher doses resulted in a significant short-term reduction in pain and improvement in paresthesia, in a composite outcome combining pain, temperature and vibration, and in a composite outcome combining pain, numbness and paresthesias. Vitamin B is generally well-tolerated. The ODG guidelines further state that vitamin B-12 is under study. Associations between vitamin B-12 deficiency and impaired cognitive function and depression have been reported. However, vitamin B-12 treatment did not improve cognitive function or symptoms of depression within in 3-months study period. The medical records do not document vitamin B-12 deficiency or malabsorption. The records indicate that the B-12 injections given resulted in decreased pain; however, they were given in conjunction with Toradol injections. The request for B-12 injection in the left gluteal muscle is not supported by the MTUS or ODG guidelines. Therefore, this request is not medically necessary.

Unknown refill of supplies (electrodes, batteries and wipes) for 6 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS Page(s): 114 and 116.

Decision rationale: The MTUS notes that transcutaneous electrotherapy is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, Criteria for the use of TENS include chronic intractable pain with; Documentation of pain of at least three months duration; there is evidence that other appropriate pain modalities have been tried (including medication) and failed; a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial; other ongoing pain treatment should also be documented during the trial period including medication usage; a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted; and 2-lead unit is generally recommended and if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this case, the medical records document use of both an interferential stimulator unit and a TENS unit. There is no documentation of how often these units were used or outcomes in terms of pain relief and

functional improvement. No treatment plan is documented including specific short-term and long-term goals of treatment with the TENS unit. Therefore, this request is not medically necessary.