

Case Number:	CM14-0197286		
Date Assigned:	12/05/2014	Date of Injury:	01/12/2013
Decision Date:	01/23/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/24/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine and is licensed to practice in California. 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 patient is a 32 year old male with an injury date of 01/12/13. Per the 09/22/14 report the patient presents for orthopedic follow up with headaches and neck pain along with upper and lower back pain radiating to the hips, left leg and right knee. Pain is rated 3-6/10. Examination shows tenderness to palpation in the lumbar spine over the paraspinal muscles and spinous process bilaterally. Range of motion is restricted due to pain. Examination of 09/18/14 shows tenderness to palpation along the cervical spine and bilaterally along the trapezius muscles with spasms. The patient's diagnoses include: 1. Lumbar disc protrusion at L5-S12. S/p lumbar epidural steroid injection 09/11/14. 3. Lumbar radiculopathy (09/18/14 report) 4. Cervical spine sprain/strain (09/18/14 report) 5. Thoracic spine sprain/strain (09/08/14 report) The treater cites 02/20/13 MRI lumbar showing mild 2 mm disc bulge at L5-S1. Results of the 09/11/14 ESI are not discussed. Prior treatment includes chiropractic treatment, physical therapy and home exercise. The treater has recommended myofascial release and pain management. The utilization review being challenged is dated 10/22/14. The rationale is that there is no evidence of a B12 vitamin deficiency warranting supplementation and guidelines do not recommend the medication. Reports were provided from 04/08/14 to 10/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 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: 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 Chapter, Vitamin B

Decision rationale: The patient presents with headaches, neck, upper and lower back pain radiating to the hips, left leg and right knee. The treater requests for Retrospective B12 Injection per report of unknown date. The 10/22/14 utilization review states the DOS is 10/02/14. 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." The treater does not discuss this request or state the intended use of this injection in the reports provided. The reports and listed diagnoses show chronic lumbar, and cervical pain with radiculopathy. ODG does not recommend this medication for chronic pain. If intended for peripheral neuropathy, efficacy is not clear. The request is not medically necessary.