MAXIMUS Federal Services

Case Number:	CM14-0200899		
Date Assigned:	12/11/2014	Date of Injury:	01/12/2006
Decision Date:	01/30/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/01/2014

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 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 12, 2006.In a Utilization Review Report dated November 20, 2014, the claims administrator denied a vitamin B12 injection. Non-MTUS ODG Guidelines were invoked. The claims administrator referenced a progress note of November 11, 2014 in its denial.The applicant's attorney subsequently appealed. However, the sole note provided was a January 26, 2009 Medical-legal Evaluation, in which the medical-legal evaluator stated that the applicant was not a candidate for surgical intervention involving the lumbar spine based on the outcome of provocative diskography.The November 11, 2014 progress note which the claims administrator alluded to in its utilization review decision was not incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin B12 Cyanocobalamin up to 100 mcg 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain, Vitamins

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that vitamins are not recommended for treatment of chronic pain if documented nutritional deficiencies or other nutritional deficit states are absent, as appears to be the case here. Based on the admittedly limited information on file, the applicant does not have a clinical presentation suggestive of a vitamin B12 deficient state, nor does the applicant have a serologically- confirmed vitamin B12 deficiency. While it is acknowledged that the November 11, 2014 progress note made available to the claims administrator has not been incorporated into the Independent Medical Review packet, the information which is on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.