

Case Number:	CM14-0202978		
Date Assigned:	12/15/2014	Date of Injury:	03/21/2006
Decision Date:	02/03/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/04/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 61 year old female with a date of injury of March 21, 2006. Results of the injury include low back pain and knee pain. Diagnosis included bilateral knee pain post-surgical and lumbar degenerative disc disease/facet disease. Treatment had included gabapentin, tramadol, naproxen, tizanidine, and omeprazole. Magnetic Resonance Imaging scan of the left knee showed finding compatible with a tear involving the anterior horn of the lateral meniscus extending to the anterior body and moderate chondromalacia patella. Magnetic Resonance Imaging scan of the right knee showed findings compatible with complex tears involving the posterior and anterior horns of the lateral meniscus, mild chondromalacia patella, small joint effusion, and a small baker cyst. Progress report dated April 4, 2014 showed positive patella grinding to the right knee with decreased range of motion. The left knee showed positive patellar grinding, swelling, and muscle pain. Treatment included a B-12 injection for fatigue and to help provide nutritional support. Utilization review form dated November 12, 2014 non certified B-12 Injection based on noncompliance with Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

B-12 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Updated ACOEM Guidelines, Pain section; Chapter 7, Complementary, alternative treatments, or dietary supplements, etc., page 135 Official Disability Guidelines (ODG) Vitamin B-Pain; Vitamin B12-Mental/Stress.

Decision rationale: B12 injection is not medically necessary per the ODG and the MTUS Guidelines. The MTUS ACOEM states that complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The ODG states that 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 ODG states 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. The documentation does not indicate objective evidence of blood work indicating a B12 deficiency. The physical exam findings do not indicate findings of vitamin B12 deficiency. There are no extenuating circumstances to go against guideline recommendations. The request for B12 injection is not medically necessary.