

Case Number:	CM14-0204446		
Date Assigned:	12/16/2014	Date of Injury:	12/19/1996
Decision Date:	02/06/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/08/2014

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 51 year old male with an injury date of 12/19/96. As per progress report dated 11/19/14, the patient complains of pain, tenderness, stiffness and muscle spasm in the left and right posterior regions of the neck and the bilateral upper trapezius area, rated at 10/10. The severe, aching and constant pain is exacerbated by extension. Associated symptoms include headache and upper extremity weakness. The patient has a history of carpal tunnel syndrome and also complains of bilateral wrist pain and tingling in the hand. The patient is unable to twist his hands or clasp things. Physical examination reveals reduced range of motion in the neck along with tenderness to palpation in the cervical paravertebral muscles at C3-7. In progress report dated 10/16/14, the patient reports that the neck pain radiates down to bilateral arms to produce tingling and numbness. The patient also experiences a pulling and pinching sensation between both of his shoulder blades in the thoracic spine, especially when bending the neck forward. He also complains for mild, chronic low back pain. Medications, as per progress report dated 11/19/14, include Norco, Naprosyn, Baclofen and topical pain relievers containing capsaicin, menthol, ketoprofen and cyclobenzaprine. The patient has received medial branch block on 04/29/14 without significant benefits, as per progress report dated 10/16/14. The patient also underwent exploration of the cervical fusion at C5-6 and C6-7 with removal of the retained hardware plus a revision anterior discectomy and fusion at C6-7 on 09/24/10, as per the same progress report. The patient is temporarily totally disabled, as per progress report dated 10/16/14. EMG/NCV, 08/07/14:- Bilateral nerve entrapment neuropathy at the level of wrists, moderate in severity- Bilateral ulnar neuropathy across elbows, left greater than right and moderate in severity Diagnoses, 11/19/14:- Chronic neck pain- Chronic use of opiate drugs therapeutic purposes- Cervical radiculopathy- Carpal tunnel syndrome, unspecified laterality The treating physician is requesting for INJECTION B12 VITAMIN QTY # 1. The utilization review

determination being challenged is dated 12/02/14. Treatment reports were provided from 06/10/14 - 11/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection B12 vitamin QTY #1: 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 Official Disability Guidelines (ODG) chapter Pain (chronic), Vitamin B.

Decision rationale: The patient complains of pain, tenderness, stiffness and muscle spasm in the left and right posterior regions of the neck and the bilateral upper trapezius area, rated at 10/10, as per progress report dated 11/19/14. The request is for Injection B12 vitamin qty # 1. The patient underwent exploration of the cervical fusion at C5-6 and C6-7 with removal of the retained hardware plus a revision anterior discectomy and fusion at C6-7 on 09/24/10, as per progress report dated 10/16/14. ODG guidelines, chapter 'Pain (chronic)' and topic '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." In this case, the patient suffers from severe neck pain and has also been diagnosed with cervical radiculopathy, as per progress report dated 11/19/14. In progress report dated 10/16/14, the patient reports that he was given vitamin B12 injection by another treating physician on 08/06/14. The available reports, however, do not discuss the reason for this request although the request itself can be found in progress report dated 11/16/14. There is no indication of B-12 deficiency in this patient and ODG guidelines do not recommend the injection for chronic pain. The request IS NOT medically necessary.