

Case Number:	CM14-0028171		
Date Assigned:	06/13/2014	Date of Injury:	09/20/2012
Decision Date:	03/31/2015	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 34 year old female who sustained an industrial injury on 09/20/12. She reports low back pain. Treatments to date include medications, physical therapy, and surgery. Diagnoses include status post left L5-S1 laminectomy and discectomy. In a progress note dated 01/06/14 the treating provider administers an injection of Toradol and a second injection of Vitamin B12. On 02/12/14 Utilization Review non-certified the B12 injection, citing ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

IM Injection of Vitamin B-12 Complex: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mauro GL1, Martorana U, Cataldo P, Brancato G, Letizia G. Vitamin B12 in low back pain: a randomised, double-blind, placebo-controlled study. Eur Rev Med Pharmacol Sci. 2000 May-Jun;4(3):53-8.

Decision rationale: Vitamin B-12, also called cobalamin, is a water-soluble vitamin with a key role in the normal functioning of the brain and nervous system, and for the formation of blood. It enters the body via gastrointestinal absorption. If there is dietary lack or poor gastrointestinal absorption of this vitamin then symptoms will develop. Low vitamin B-12 manifests as paresthesias, numbness, poor motor coordination, memory lapses or cognitive and personality changes and macrocytic anemia. These symptoms are non-specific, that is, they are not specific to the lower back or specific sensory dermatomes. The MTUS does not address use of vitamins to treat low back pain. However, there has been some medical research showing an effective improvement in low back pain using high dose vitamin B-12 to treat mechanical or irritative pain. This effect is regardless of the patient's vitamin B-12 levels. This patient has neuropathic low back pain, not mechanical low back pain. Without evidence-based research to support its use, medical necessity for vitamin B-12 injections in this patient can not be established.