

Case Number:	CM15-0002076		
Date Assigned:	01/13/2015	Date of Injury:	05/17/1999
Decision Date:	03/16/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/05/2015

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 55 year old female, who sustained an industrial injury on 5/17/1999. She has reported previous symptoms of neck, right hand and wrist pain and headaches. The diagnoses have included cervical spine strain with radiculopathy to the right upper extremity, inflammatory process of right wrist and shoulder, lateral epicondylitis, hypertension, fatigue and anxiety/depression. Treatment to date has included medication, physical therapy, diagnostics and psyche treatment. Currently, as per primary treating physician's PR2 dated 9/17/14, the IW complains of moderate frequent neck pain with spasms, right hand and wrist pain, as well as headaches and fatigue. She was diagnosed with cervical spine strain syndrome. The range of motion to the cervical spine, right shoulder, right elbow and right wrist is decreased and there is tenderness to palpatory testing with all areas. The medications and Terocin patches are very effective in assisting the IW to deal with pain and activities of daily living (ADL's). The IW's weight was 195.8 pounds; she is not working and has sustained no new injuries. There were no lab reports of vitamin levels or diagnostic studies noted. On 12/3/14 Utilization Review non-certified a request for vitamin B12 injection for fatigue and nutritional support given on 10/29/14, noting the there is no documentation that the IW has a vitamin B deficiency that would support the use of supplementation, as it is not supported in the management of pain. The Official Disability Guidelines (ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin B-12 Injection for Fatigue and Nutritional Support Given on 10/29/2014: 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), Pain chapter: Vitamin B

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medications: B Vitamins and Vitamin B Complex

Decision rationale: B Vitamins are not recommended for the treatment of chronic pain unless associated with documented vitamin deficiency. There is no documented lab result or diagnosis indicating vitamin B12 deficiency. Therefore, the request is not medically necessary.