

<b>Case Number:</b>	CM15-0107397		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: 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 54 year old male, who sustained an industrial/work injury on 10/13/10. He reported initial complaints of right shoulder and back pain. The injured worker was diagnosed as having low back radiculopathy. Treatment to date has included medication, surgery (right shoulder on 12/28/10) and diagnostic testing. MRI results were reported on 4/25/15. Currently, the injured worker complains of constant low back pain radiating to the left lower extremity with associated numbness and tingling rated 7/10. Per the primary physician's progress report (PR-2) on 5/1/15, examination revealed tenderness to the lumbosacral paravertebral area with hypertonicity bilaterally, positive Kemp's and positive straight leg raise. The requested treatments include B12 Injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**B12 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 Pain Chapter (Online Version).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Vitamin B12 complex.

**Decision rationale:** The Official Disability Guidelines state that vitamin B 12 is not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy and the evidence is insufficient to determine whether vitamin B is beneficial or harmful. In the comparison of vitamin B with placebo, there was no significant short-term benefit in pain intensity while there is a small significant benefit in vibration detection from oral benfotiamine, a derivative of thiamine. B12 Injection is not medically necessary.