

Case Number:	CM15-0109262		
Date Assigned:	06/18/2015	Date of Injury:	05/13/2010
Decision Date:	07/17/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/05/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 64 year old female who sustained an industrial injury on 5/13/10. The mechanism of injury is unclear. She currently complains of intermittent neck pain associated with occasional occipital headaches; constant upper and low back pain; right shoulder pain and stiffness; numbness over the brachioradialis area of the left forearm extending to the hands; right wrist pain. On physical examination of the back there was tenderness over the thorocolumbar intervertebral space and paravertebral muscles bilaterally and over the right and left sacroiliac joint and right sciatic notch; right shoulder reveals tenderness over all aspects with decreased range of motion. Industrial medications are Tramadol, omeprazole, Xanax, terazosin patches, cyclobenzaprine 2% cream. Diagnoses include myoligamentous strain of the cervical spine with radicular symptoms to the right upper extremity; myoligamentous strain of the right trapezius musculature; inflammatory process of the right shoulder with stiff shoulder syndrome; status post arthroscopic right shoulder rotator cuff repair, subacromial decompression, distal clavicle resection, retrocoracoid decompression (6/27/13); right medial and lateral humeral epicondylitis; inflammatory process of the right wrist; status post open reduction internal fixation, right distal radius (5/14/10); de Quervain's tenosynovitis, right wrist; myoligamentous strain of the lumbar spine with radicular symptoms to the lower extremities; psychological diagnoses including depression, anxiety, impaired memory and concentration. Treatments to date include physical therapy; H-wave machine home use; exercise; heat; ice; medications. In the progress note dated 3/27/15 the treating provider administered B-12 injection for fatigue and nutritional support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro B-12 Injection with DOS 3/27/15: 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 Vitamin B12, <http://www.rxlist.com/b12-drug.htm>.

Decision rationale: There is no documentation or justification for B12 injection in this case. There is no documentation of Vit B12 deficiency. Therefore, the retrospective request for B-12 injection is not medically necessary.