

<b>Case Number:</b>	CM15-0195408		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	01/18/2006
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Arizona, California

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 48 year old male, who sustained an industrial injury on 1-18-06. The injured worker is being treated for lumbar disc displacement, post-laminectomy syndrome, degeneration of lumbar intervertebral disc, lumbar radiculopathy, obstructive sleep apnea, chronic pain syndrome and reflex sympathetic dystrophy of lower limb. Treatment to date has included oral medications including Roxicodone, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, compounded medications and home exercise program. On 6-24-15, the injured worker complains of low back pain rated 7 out of 10 and worse during evening with radiation to lower extremities, lower extremity numbness, tingling, weakness, heaviness, right foot drop and unstable gait. He notes pain has slightly decreased since last visit. He is not working. Physical exam performed on 6-24-15 revealed gait within normal limits, 2 plus paralumbar spasm, right paralumbar tenderness to palpation, diminished range of motion of lumbar spine and decreased sensation on left lateral thigh. The treatment plan included continuation of current medications and request for percutaneous electrical nerve stimulator treatments. On 9-1-15 request for Vitamin B12 3000mcg #30 with no refills was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vitamin B12 3000mcg, #30, no refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and Vitamin B- pg 141.

**Decision rationale:** According to the guidelines, Vitamin B is not recommended. Although it may be used for anemia or in case, of deficiency, there were no diagnostics provided to justify its use. In this case, it was given to help with stress. There is insufficient evidence to support its use for stress. The request for Vitamin B12 is not medically necessary.