

Case Number:	CM15-0027725		
Date Assigned:	02/20/2015	Date of Injury:	08/15/2005
Decision Date:	04/14/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/13/2015

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: District of Columbia, Virginia
 Certification(s)/Specialty: Internal 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 55-year-old female, who sustained an industrial injury on August 15, 2005. The diagnoses have included occipital headaches, musculoskeletal sprain of cervical spine, musculoskeletal sprain of lumbar spine, sprain/strain of shoulders, sprain/strain of knees, sprain/strain of hips and sprain/strain of wrists. Treatment to date has included many treatments have been and are still in place. Currently, the injured worker complains of follow up care. In a progress note dated December 23, 2014, the treating provider reports evaluation of multiple body parts were abnormal. On January 23, 2015 Utilization Review non-certified a 24 1cc vitamin B12 injections (2 per month for 1 year), and 12 serum B12 blood test and serum folic acid blood test (1 per month for 1 year), noting, World Gastroenterology Organization (WGO). World Gastroenterology Organization Global Guideline: Inflammatory bowel disease: a global perspective. Munich Germany): World Gastroenterology Organization (WGO); 2009 Jun1.23 p. and medical Services Commission. Cobalamin (vitamin B12) deficiency-investigation and management. Victoria (BC): British Columbia Medical Services Commission; 2012 Jan1.5p [16 references] was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 1 cc Vitamin B12 injections (2 per month for 1 year): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation World Gastroenterology Organisation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2145807/pdf/canfamphys00130-0054.pdf><http://emedicine.medscape.com/article/204930-overview>.

Decision rationale: ACOEM and MTUS do not address this intervention; alternate guidelines were sought. Pernicious anemia is a chronic illness caused by impaired absorption of vitamin B-12 because of a lack of intrinsic factor (IF) in gastric secretions. It occurs as a relatively common adult form of anemia that is associated with gastric atrophy and a loss of IF production and as a rare congenital autosomal recessive form in which IF production is lacking without gastric atrophy. The disease was given its common name because it was fatal before treatment became available, first as liver therapy and subsequently as purified vitamin B-12. Today, the term "pernicious" is no longer appropriate, but it is retained for historical reasons. By definition, pernicious anemia refers specifically to vitamin B-12 deficiency resulting from a lack of production of IF in the stomach. However, vitamin B-12 absorption is a complex process, and other causes of vitamin B-12 deficiency exist, which are described briefly in this article. Other causes for megaloblastosis are described in Megaloblastic Anemia. This patient had issues with rectal bleed and was under evaluation for Crohn disease versus ulcerative colitis. There were concerns for malabsorption. The patient was undergoing further workup for iron deficiency anemia. This testing and intervention would be appropriate.

12 serum B12 blood test and serum Folic acid blood test: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Services Commission.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2145807/pdf/canfamphys00130-0054.pdf><http://emedicine.medscape.com/article/204930-overview>.

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causes for megaloblastosis are described in Megaloblastic Anemia. This patient had issues with rectal bleed and was under evaluation for Crohn disease versus ulcerative colitis. There were concerns for malabsorption. The patient was undergoing further workup for iron deficiency anemia. This testing and intervention would be appropriate.