

<b>Case Number:</b>	CM15-0215588		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	12/05/2011
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60 year old female, who sustained an industrial injury on 12-5-11. The documentation on 10-5-15 noted that the injured worker has complaints of low back pain that radiates to the right thigh with occasional pain radiating down the lower extremity to the feet, worse on the left than right. The injured worker notes cramping of the left leg and numbness and tingling of the feet. The documentation noted on examination that the injured worker has difficulty arising from a seated position, her gait is slow, stiff and guarded and range of motion is decreased. There is tightness of the left calf and lower back pain elicited with passive straight leg raising test and there is lower back pain elicited with active straight leg raising test. Palpatory examination reveals pain and tightness over the lumbar paraspinal muscles and there is tenderness at eh L4 to S1 (sacroiliac) facet joints on the right. The injured workers lower back pain increased with flexion, extension or rotation. Magnetic resonance imaging (MRI) of the lumbar spine on 6-26-14; bilateral lower extremity electromyography study on 9-24-13 and magnetic resonance imaging (MRI) of the left calf on 2-13-13. The documentation noted that the magnetic resonance imaging (MRI) scans revealed disc bulges from L2 to S1 (sacroiliac), most significantly a 5-6 millimeter disc herniation at L5-S1 (sacroiliac) with moderate to severe neuroforaminal narrowing and nerve root compromise. The diagnoses have included lumbar spine sprain and strain lumbar discogenic disease and lumbar radiculopathy. Treatment to date has included lumbar epidural steroid injection on 5-29-15 with significant pain relief lasting approximately four days. Current medications were listed as opana; protonix; fioricet; tylenol; xanax; buspar; wellbutrin; benadryl; prednisone for allergy and cholesterol medication. The

injured worker has been prescribed norco for pain and she is trying to wean off the opana and has been dispensed neurontin. The original utilization review (10-7-15) non-certified the request for B12 two cc intramuscular for nerve health.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**B12 two cc IM for nerve health:** 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, B Vitamins & Vitamin B complex.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p137.

**Decision rationale:** The claimant sustained a work injury in December 2011 when she slipped on a wet elevator floor. She continues to be treated for low back pain with lower extremity radicular symptoms. She has had multiple MRI scans of the lumbar spine as well as electrodiagnostic testing. Lumbar spine surgery has been recommended. When seen in September 2015 she was trying to discontinue use of medications. She was having low back pain radiating into both legs. She had pain rated at 9/10. Physical examination findings included a body mass index over 33. An injection of Toradol and B12 was administered. Vitamins have been used to treat essentially all disorders. Evidence is poor that vitamins or minerals have beneficial therapeutic effects in normally or over-nourished Western societies. Vitamins are not recommended for treatment of chronic low back or other chronic pain if documented deficiencies or other nutritional deficit states are absent. In this case, there is no documented vitamin B12 deficiency. The injection that was administered was not medically necessary.