

Case Number:	CM15-0216675		
Date Assigned:	11/06/2015	Date of Injury:	09/07/2010
Decision Date:	12/22/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/03/2015

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: North Carolina, Georgia
 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 49 year old female, who sustained an industrial injury on 9-7-10. The injured worker was being treated for left knee pain compensable consequence to lumbar spine, lumbar discopathy, bilateral shoulder impingement syndrome, bilateral carpal tunnel syndrome and cervical discopathy. On 6-17-15 and 9-9-15, the injured worker complains of left knee pain secondary to limping from the low back, constant severe pain in cervical spine rated 8 out of 10 with radiation to upper extremities; constant severe pain in low back rated 8 out of 10 with radiation to lower extremities; intermittent pain in bilateral shoulders rated 4 out of 10 and frequent pain in bilateral wrists rated 5 out of 10. She is temporarily totally disabled. Physical exam performed on 6-17-15 and 9-9-15 revealed palpable paravertebral muscle tenderness with spasm of cervical spine with limited range of motion, decreased strength in left deltoid, biceps and wrist extensors and tingling and numbness in left anterolateral shoulder and arm; well healed midline lumbar scar with palpable paravertebral muscle tenderness with spasm, restricted range of motion of lumbar spine and tingling and numbness in posterior leg and lateral foot; tenderness around anterior glenohumeral region and subacromial space of bilateral shoulders, positive impingement signs and decreased, painful range of motion of bilateral shoulders; reproducible symptomatology in median nerve distribution of bilateral wrists with diminished sensation in radial digits and tenderness at left knee medial greater than lateral joint line with positive McMurray and positive patellar compression tests and pain with flexion. Documentation did not include laboratory studies providing evidence of Vitamin B-12 deficiency. Treatment to date has included lumbar spine surgery 7-10-15, Vitamin B-12 intramuscular injection, Toradol

injections, physical therapy and activity modifications. A Vitamin B-12 intramuscular injection and Toradol intramuscular injection were provided at the visit. On 10-13-15 request for Vitamin B-12 intramuscular injection was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Vitamin B-12 complex IM injection (dos: 09/09/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, B vitamins.

Decision rationale: ACOEM 2008 guidelines describe testing for Vitamin B 12 deficiency in patients with Carpal tunnel syndrome. Accepted medical uses for Vitamin B 12 are to treat a documented deficiency of Vitamin B 12. B vitamins are not recommended in ODG for use for treatment of pain. The medical records submitted for this claimant do not describe any documented deficiency of Vitamin B12. Therefore, the Vitamin B 12 injection is not medically necessary.