

Case Number:	CM15-0034170		
Date Assigned:	02/27/2015	Date of Injury:	07/02/2012
Decision Date:	04/07/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/23/2015

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: California, Indiana, New York 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:

According to progress note of December 2, 2014, the injured workers chief complaint was shaking, numbness and tingling in the hands. The injured worker was also complaining of aching pain in the left shoulder and right elbow, headaches, neck and low back with numbness in the low extremities. The physical exam noted mild torticollis bilaterally. Head compression sign was positive. The Spurling's maneuver was positive bilaterally. There were exquisite tenderness and muscles spasms, both at rest and with range of motion. The injured worker had pain on scapular retraction and bilateral levator scapula swelling/inflammation. The cervical forward flexion was 25 degrees, extension 20 degrees and tilt and rotation to the right and left were 20 to 25 degrees with significant increase in pain. The lumbar spine had noted tenderness from the thoracolumbar spine down to the base of the pelvis. The paralumbar musculature was slightly tight bilaterally. The buttock was tender. The injured worker was unable to squat totally, due to pain. The injured worker was given an intramuscular injection (IM) of 2cc of B12 complex and 2cc of B12 cyanocobalamin. The injured worker was diagnosed with severe headaches, blurred vision, cervical spine discopathy and lumbar spine discopathy. The injured worker previously received the following treatments EMG/NCS (electromyography and nerve conduction studies) of the upper extremities, intramuscular injection (IM) of 2cc of B12 complex and 2cc of B12 cyanocobalamin, topical creams, acupuncture, and lumbar epidural injections, Tylenol #3, Cyclobenzaprine and Fluriflex. The documentation submitted for view did not include laboratory studies to support the need for the intramuscular injection (IM) of 2cc of B12 complex and 2cc of B12 cyanocobalamin. On December 2, 2014, the primary treating physician requested authorization for retrospective IM injection of B12 complex and B12 Cyanocobalamin. On January 29, 2015, the Utilization Review denied authorization for retrospective IM injection of B12 complex and B12 Cyanocobalamin. The denial was based on

the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective intramuscular injection of B12 complex and B12 Cyanocobalamin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Medical Fee Schedule, general instructions pg. 7, Dietary supplements.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/vitamins-supplements/ingredientmono-926-vitamin%20b12.aspx?activeingredientid=926&activeingredientname=vitamin%20b12>.

Decision rationale: Pursuant to Web M.D. (peer-reviewed evidence-based guideline), retrospective intramuscular injection B12 complex and vitamin B12 is not medically necessary. Vitamin B12 is used for treating and preventing vitamin B-12 deficiency condition where vitamin B12 levels in the blood are too low. It is also used to treat pernicious anemia. For additional details see the attached link. In this case, the injured worker's working diagnoses are cervical spine discopathy; lumbar spine discopathy; severe headaches; and blurred vision. A progress note dated December 2, 2014 states intramuscular B-12 was given to "start your health". There were no clinical symptoms or signs indicative of B12 deficiency. There were no blood tests to confirm B-12 deficiency. There were no neurologic deficits on physical examination indicative of the B12 deficiency. There was no clinical evidence in the medical record of B12 deficiency. Consequently, absent clinical documentation of vitamin B12 deficiency, retrospective intramuscular injection B12 complex and vitamin B12 is not medically necessary.