

Case Number:	CM14-0117154		
Date Assigned:	08/06/2014	Date of Injury:	09/08/2011
Decision Date:	10/15/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient with reported date of injury on 9/8/2011. Mechanism of injury is reported as a lifting injury. Patient has a diagnosis of low back pain, lumbar disc disease, lumbar radiculopathy and lumbar facet syndrome. Pt also has diagnosis of "microcytic anemia possibly due to iron deficiency from GI blood loss related to NSAID tx", diabetes and elevated liver transaminases. Medical reports reviewed. Last report available until 6/20/14. Patient complains of low back pain 7/10 radiating down R leg. Patient has complaints of depression. Objective exam reveals decreased range of motion with extension, tenderness to lumbar spine with spasms. Straight leg positive on R side. Decreased L5-S1 sensation. Review of chart from 6/20/14 shows that the items being reviewed "folate" and "vitamin B-12" are lab test and not supplements. No lab results were provided for review although note on 6/20/14 states labs were benign. MRI of lumbar spine (11/21/11) revealed L4-5, L5-S1 with disc bulge, L5-S1 mild bilateral foraminal narrowing, transitional lumbosacral vertebral body to S1-S1. Electromyography/nerve conduction velocity (EMG/NCV) (9/3/12) reportedly showed bilateral L5 radiculopathy. Medications include Metformin, Sertraline and Lidopro. Previous medication included Amitriptyline, Naproxen, Tramadol and Omeprazole. Patient has reportedly undergone chiropractic, acupuncture and transcutaneous electrical nerve stimulation (TENS). Independent Medical Review is for "Folate" and "Vitamin B-12". Prior UR on 7/16/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Folate: 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): Mental Illness and Stress (updated 06/12/14), Folate (for Depressive Disorders)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Bross MH, Sock K and Smith-Knuppel T. Anemia in Older Persons. Am Fam Physician. 2010 Sep 1;82(5):480-487.

Decision rationale: Review of records show that "folate" is a blood test and not a supplement or medication. There is no sections in the MTUS Chronic Pain, ACOEM or Official Disability Guidelines that relate to this topic. There is no documentation by provider why this test was requested. Patient has a history of microcytic anemia and not macrocytic anemia which is associated with folate deficiency. No lab results were provided for review. As per evidence based guidelines cited above, folate testing is not recommended in patients with no signs of macrocytic anemia or prior history of or risk of folate deficiency. The provider has not provided enough documentation to justify folate level in a patient with prior history of microcytic anemia. Folate level is not medically necessary.

Vitamin B-12: 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): Mental Illness and Stress (updated 06/12/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Bross MH, Sock K and Smith-Knuppel T. Anemia in Older Persons. Am Fam Physician. 2010 Sep 1;82(5):480-487.

Decision rationale: Review of records show that "Vitamin B-12" is a blood test and not a supplement or medication. There are no sections in the MTUS chronic pain, ACOEM or Official Disability Guidelines that relate to this topic. There is no documentation by provider why this test was requested. Patient has a history of microcytic anemia and not macrocytic anemia which is associated with Vitamin B-12 deficiency. No lab results were provided for review. As per evidence based guidelines cited above, Vitamin B-12 testing is not recommended in patients with no signs of macrocytic anemia or prior history of or risk of folate deficiency. The provider has not provided enough documentation to justify Vitamin B12 level in a patient with prior history of microcytic anemia. Vitamin B-12 level is not medically necessary.