

Case Number:	CM14-0160196		
Date Assigned:	10/03/2014	Date of Injury:	03/20/2012
Decision Date:	11/06/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/30/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 59-year-old female who reported an injury on 03/20/2012 due to cumulative trauma. On 05/16/2014, the injured worker presented with neck and low back pain. Examination of the cervical spine, there was hyperlordosis of the cervical spine noted with 2+ tenderness to palpation and spasm over the bilateral paraspinal muscles. Decreased range of motion of the cervical spine. Examination of the lumbar spine noted hypolordosis and 2+ tenderness to palpation with spasm over the bilateral paraspinal muscles. There was 5/5 strength in the bilateral upper extremities with 2+ deep tendon reflexes and intact sensation to light touch. Diagnoses were sprain/strain of the cervical spine and sprain/strain of the lumbar spine. Prior therapy included medications, topical compound creams, and differential unit and motorized cold therapy. The provider recommended an intramuscular injection of B12 complex. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Intramuscular injection of B12 complex: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 301.

Decision rationale: The request for intramuscular injection of B12 complex is not medically necessary. California MTUS/ACOEM Guidelines state that invasive techniques: local injections, facet joint injections of cortisone and lidocaine are of questionable merit. Despite the fact the proof is lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefited in injured worker's presenting in the transitional phase between acute and chronic pain. The provider's request does not indicate the site at which the injection is recommended for, the dose, or the quantity in the request as submitted. As such, medical necessity has not been established.