MAXIMUS Federal Services

Case Number:	CM15-0018966		
Date Assigned:	02/06/2015	Date of Injury:	04/08/1999
Decision Date:	03/31/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/02/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial injury on 4/8/99. She has reported neck and bilateral shoulder pain. The diagnoses have included degenerative subacromial bursitis, cervical sprain and right shoulder impingement. Treatment to date has included right shoulder arthroscopy, MRI of the right shoulder, physical therapy and oral medications. As of the PR2 dated 12/5/14, the injured worker reported 9/10 stabbing pain in the neck and shoulders. She indicated that Norco is helping the pain. The treating physician performed an intramuscular injection of B12 complex. On 1/7/15 Utilization Review non-certified a request for an intramuscular injection of B12 complex. The utilization review physician cited the ODG guidelines. On 1/8/15, the injured worker submitted an application for IMR for review of an intramuscular injection of B12 complex.

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 DOS: 12/5/2014 to the right shoulder: 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); Chronic Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines pain chapter regarding vitamin B

Decision rationale: The patient presents with aching and stabbing pain in the neck rated 9/10, pain in the bilateral shoulders rated 9/10, and pain/numbness in the bilateral hands rated 8-9/10. The patient's date of injury is 04/08/99. Patient is status post right shoulder arthroscopic rotator cuff repair. The request is for RETROSPECTIVE INTRAMUSCULAR INJECTION OF B12 COMPLEX TO THE RIGHT SHOULDER DOS 12/05/14. The RFA for this request was not provided. Physical examination dated 12/05/14 revealed tenderness to palpation of the anterior acromioclavicular joint, reduced shoulder range of motion especially on external rotation. The patient is currently prescribed Hydrocodone/Acetaminophen. Diagnostic imaging included MRI of the right shoulder, findings include: "Low grade intrasubstance tearing of the infraspinatus tendon at the footprint... Labral tearing superiorly and anterosuperiorly... Moderate intra-articular tendinosis of the long biceps tendon." Patient is classified as temporarily totally disabled until 01/09/15. The ACOEM and MTUS Guidelines do not discuss B12 injections. The ODG Guidelines under the pain chapter regarding vitamin B states, not recommended for treatment of chronic pain. Vitamin B is frequently use for treating peripheral neuropathy, but its efficacy is not clear. ODG under the pain chapter further discusses B vitamins and vitamin B complex and states, not recommended for treatment of chronic pain unless this is associated with documented vitamin deficiency. In regards to the request for a retrospective vitamin B12 injection for the treatment of peripheral neuropathy, the vitamin injection is not supported by guidelines for this patient's chief complaint. Progress notes provided do not indicate that this patient suffers from a vitamin deficiency which would warrant B12 injections, it appears that the reason for the injection is for management of subjective pain. Owing to a lack of support from guidelines for this patient's chief complaint, the medical necessity of this injection cannot be substantiated. The request IS NOT medically necessary.