

<b>Case Number:</b>	CM15-0118753		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	08/18/2012
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 64-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury August 18, 2012. In a Utilization Review report dated May 20, 2015, the claims administrator failed to approve a request for vitamin B12 injection and an orthopedic evaluation. The claims administrator referenced an RFA form received on May 12, 2015 and an associated progress note dated March 10, 2015 in its determination. The applicant's attorney subsequently appealed. On February 11, 2015, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of neck, mid back, and low back pain status post earlier failed lumbar spine surgery. Flexeril and Norco were renewed. 5-8/10 pain complaints were reported. On March 10, 2015, the applicant was again placed off of work, on total temporary disability. Vitamin B12 injection was administered. TENS unit was apparently endorsed. Multifocal pain complaints were present. The applicant was apparently asked to obtain an orthopedic lumbar spine surgery evaluation following earlier failed lumbar spine surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) vitamin B12 injection:** 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 (Chronic): B vitamins & vitamin B complex.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 927, 1. Recommendation: Vitamins for Chronic Pain, Vitamins are not recommended for treatment of chronic pain if documented deficiencies or other nutritional deficit states are absent, Strength of Evidence - Not Recommended, Insufficient Evidence (I).

**Decision rationale:** No, the vitamin B12 injection administered on March 10, 2015 was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of vitamins. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that vitamins are not recommended in the treatment of chronic pain if documented vitamin deficiency or other nutritional deficit states are absent. Here, there was no mention of the applicant's having a bona fide vitamin B12 deficiency present on or around the date in question, March 10, 2015. The vitamin B12 injection performed on that date, thus, was not indicated. Therefore, the request was not medically necessary.

**Orthopedic evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289, 305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

**Decision rationale:** Conversely, the request for an orthopedic evaluation was medically necessary, medically appropriate, and indicated here. The requesting provider, a pain management physician, indicated on March 10, 2015 that he wished for the applicant to obtain a lumbar spine surgery evaluation, seemingly on the grounds that the applicant had failed one prior lumbar spine surgery. As noted in the MTUS Guideline in ACOEM Chapter 12, page 306, counseling regarding outcomes, risks, benefits, and expectations is "very important" in those applicants in whom surgery is a consideration. Here, obtaining the added expertise of an orthopedic spine surgeon to determine the applicant's suitability for further surgical intervention involving the lumbar spine was, thus, indicated on or around the date in question. Therefore, the request was medically necessary.