

Case Number:	CM15-0172502		
Date Assigned:	09/14/2015	Date of Injury:	08/05/2009
Decision Date:	11/09/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/01/2015

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 54-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 5, 2009. In a Utilization Review report dated August 17, 2015, the claims administrator failed to approve a request for a vitamin B12 injection apparently administered on August 4, 2015. The applicant's attorney subsequently appealed. On August 4, 2015, the applicant reported ongoing complaints of low back pain. The applicant was given prescriptions for Flexeril, Lyrica, Ambien, and tizanidine. A Vitamin B12 injection was administered. The applicant's work status was not explicitly detailed, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Vitamin B-12 Injection (08/04/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter Pain B.

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., Low Back Disorders, pg. 516 Recommendation: Vitamins for Treatment of Acute,

Subacute, Chronic, or Post-operative Low Back Pain, or Radicular Pain - In the absence of documented deficiencies or other nutritional deficit states, the use of vitamins is not recommended for treatment of patients with acute, subacute, chronic, or post-operative low back pain or with radiculopathy. Strength of Evidence - Not Recommended, Insufficient Evidence (I).

Decision rationale: No, the request for a Vitamin B12 injection was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Low Back Chapter notes that vitamins are not recommended for the treatment of chronic low back pain absent the presence of nutritional deficiency or other documented nutritional deficit states. Here, however, there is no mention of the applicant's carrying a bona fide diagnosis of nutritional deficiency on or around the date in question, August 4, 2015. There was no mention of the applicant is having issues with clinically evident, serologically confirmed vitamin B12 deficiency which would have compelled the injection in question. Therefore, the request was not medically necessary.