

Case Number:	CM15-0076222		
Date Assigned:	05/01/2015	Date of Injury:	02/17/1991
Decision Date:	06/11/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/22/2015

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: Family Practice

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 sustained an industrial injury on February 17, 1991. She has reported neck pain and back pain. Diagnoses have included cervicalgia, arthropathy of cervical facet joint, cervical spine degenerative disc disease, peripheral neuropathy, and cervical spine post laminectomy syndrome. Treatment to date has included medications, spinal injections, and surgery. A progress note dated April 8, 2015 indicates a chief complaint of neck pain radiating to the bilateral trapezius muscles, and tingling of the hands. The treating physician documented a plan of care that included a Vitamin B12 injection to treat peripheral neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127 and on the Non-MTUS Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) vitamin B12.

Decision rationale: According to guidelines it states Vitamin B12 injections are not to be used for chronic pain unless there is a vitamin deficiency. There is no mention in the medical records why this is necessary. Based on this it is not medically necessary.