

<b>Case Number:</b>	CM13-0010946		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	10/01/2001
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease, and is licensed to practice in Texas. 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 physician 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.

### 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 patient is a 49-year-old who reported injury on 10/01/2001. The mechanism of injury was noted to be the patient was carrying a rolled carpet and the homeowner lifted one of the ends causing the weight to shift. The patient was noted to have a gastric bypass surgery and 3 back surgeries. The patient's diagnosis were noted to include acquired spondylolisthesis, lumbosacral spondylosis without myelopathy, and displacement lumbar intervertebral disc w/o myelopathy. The plan was noted to include one lab order for vitamin levels to include magnesium, vitamin D, 25-hydroxy, vitamin B-12, DHEA, vitamin D-2 and Vitamin D-3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One lab order for vitamin levels, to include magnesium, Vitamin D, 25-hydroxy, Vitamin B-12, DHEA (dehydroepiandrosterone), vitamin D-2 and vitamin D-3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, as well as the National Guidelines Clearinghouse

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Vitamin D, as well as the website LabsOnline, Understanding Analytes, Magnesium and DHEAs Lab Tests sections

**Decision rationale:** According to the Official Disability Guidelines the use of Vitamin D is a recommended consideration in chronic pain patients and supplementation if necessary. It is under study as an isolated pain treatment, and vitamin D deficiency is not a considered a workers' compensation condition. Musculoskeletal pain is associated with low vitamin D levels but the relationship may be explained by physical inactivity and/or other confounding factors. Clinical documentation submitted for review failed to provide the necessity for the testing of the patient's Vitamin D levels and failed to provided exceptional factors to indicate the necessity for such testing. The request for testing the levels of Vitamin D, 25-hydroxy, Vitamin D-2 and Vitamin D-3 would not be supported. According to the Official Disability Guidelines, treatment with Vitamin B is not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy and the evidence is insufficient to determine whether vitamin B is beneficial or harmful. Clinical documentation failed to provide the necessity for testing the patient's Vitamin B-12 level. The request would not be supported. According to the website LabsOnline, Magnesium deficiencies (hypomagnesemia) may be seen with malnutrition, conditions that cause malabsorption, and with excess loss of magnesium by the kidneys. Magnesium levels may be checked as part of an evaluation of the severity of kidney problems and/or of uncontrolled diabetes and may help in the diagnosis of gastrointestinal disorders. Clinical documentation submitted for review failed to provide the necessity for the requested testing. The request for the magnesium level would not be supported. Per Labs online, DHEAS, testosterone, and several other androgens are used to evaluate adrenal function and to distinguish androgen-secreting conditions that are caused by the adrenal glands from those that originate in the ovaries or testes. The clinical documentation submitted for review failed to provide the necessity for testing DHEA. There was a lack of documentation addressing the requested laboratory levels. The request for one lab order for vitamin levels, to include magnesium, Vitamin D, 25-hydroxy, Vitamin B-12, DHEA, vitamin D-2 and vitamin D-3, is not medically necessary.