MAXIMUS Federal Services

Case Number:	CM13-0031560		
Date Assigned:	03/17/2014	Date of Injury:	05/02/1989
Decision Date:	04/23/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/03/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 53-year-old male with a 5/2/89 date of injury. At the time (6/3/13) of request for authorization for Vitamin D 50000 #12, there is documentation of subjective (feelings of depression and decreased sleep) and objective (not specified) findings, current diagnoses (Major Depressive Disorder, Insomnia, Male Hypoactive Sexual Desire due to pain, and Pain Disorder), and treatment to date (medications (including Vitamin D for unknown duration)). 8/9/13 lab report indentifies that the patient's Vitamin D level is at 34, indicating levels are normal. There is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Vitamin D is indicated (Vitamin D deficiency). In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with the use of Vitamin D.

IMR ISSUES, DECISIONS AND RATIONALES

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

VITAMIN D 50000 #12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

(Cholecalciferol) Other Medical Treatment Guideline Or Medical Evidence: Title 8, California Code Of Regulations, Section 9792.20

Decision rationale: MTUS does not address this issue. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Vitamin D is indicated (such as: Vitamin D deficiency), as criteria necessary to support the medical necessity of Vitamin D. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of Major Depressive Disorder, Insomnia, Male Hypoactive Sexual Desire due to pain, and Pain Disorder. In addition, there is documentation of records reflecting prescriptions for Vitamin D. However, given documentation of a lab report indicating normal Vitamin D levels, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Vitamin D is indicated (Vitamin D deficiency). In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with the use of Vitamin D. Therefore, based on guidelines and a review of the evidence, the request for Vitamin D 50000 #12 is not medically necessary.