

<b>Case Number:</b>	CM14-0127480		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	09/17/1999
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The records presented for review indicate that this 58-year-old gentleman was reportedly injured on September 17, 1999. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 5, 2014, indicates that there are ongoing complaints of low back pain and difficulty sleeping. Pain is stated to be 9/10 without medications and 7/10 with medications. The physical examination demonstrated tenderness over the lumbar spine vertebrae from L4 through S1 and decreased lumbar spine range of motion secondary to pain. Facet signs were present bilaterally. Diagnostic imaging studies of the lumbar spine indicated disk bulges and disc protrusion throughout the lumbar spine as well as facet disease. Postoperative changes were noted. Previous treatment includes a cervical spine fusion, a left rotator cuff repair, a right-sided carpal tunnel release, and an L4 - L5 decompression. A request had been made for vitamin D and was not certified in the pre-authorization process on July 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vitamin D 2000 units #100:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Vitamin D.

**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, Updated July 10, 2014.

**Decision rationale:** According to the Official Disability Guidelines the use of vitamin D is recommended in chronic pain patients and supplementation is necessary. A review of the medical record indicates that there is a diagnosis of a vitamin D deficiency, although it is unclear if these levels existed prior to treatment or are result of treatment. Without additional justification and clarification, this request for vitamin D 2000 units is not medically necessary.