

Case Number:	CM14-0030540		
Date Assigned:	06/20/2014	Date of Injury:	09/23/2009
Decision Date:	09/18/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/10/2014

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 Family Practice 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:

The injured worker is a 59-year-old female who reported an injury on 09/23/2009 due to an unknown mechanism. Diagnoses were status post cervical spine anterior cervical discectomy and fusion, cervical disc syndrome, cervical spondylosis, left shoulder rotator cuff syndrome, status post lumbar fusion, lumbar disc syndrome, sciatica pain, lumbar spine intractable pain, peripheral edema, left ventricular hypertrophy, Gastroesophageal reflux disease, hypertension, vitamin D insufficiency, hyperlipidemia, and sleep disorder. Past treatments were acupuncture and home exercise program. Diagnostic studies were EKG. Surgical history was cervical spine anterior cervical discectomy and fusion and lumbar fusion. Physical examination on 04/28/2014 revealed complaints of neck pain that was rated a 7/10 and left shoulder pain that was rated as 6/10. The injured worker reported that the pain radiated to the left shoulder and into the clavicle area down the hand with a dull ache sensation. Examination of the cervical spine revealed palpation elicited tenderness and spasm over the paracervical muscles bilaterally. Range of motion was limited by pain and spasm in all directions. Foraminal compression test was positive on the right. Shoulder depression test was positive bilaterally. Range of motion for the lumbar spine for flexion was to 50 degrees, extension was to 20 degrees, lateral flexion to the right was to 20 degrees, and lateral flexion to the left was to 20 degrees. Kemp's test was positive bilaterally. Straight leg raise in supine position was positive on the left. Medications were Trepadone, medical foods, and Xanax. Treatment plan was for a urine toxicology screen and referral to pain management. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin D3 2000 IU daily, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, 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.

Decision rationale: The Official Disability Guidelines for vitamin D states it is recommended in chronic pain patients for supplementation if necessary. Under study as an isolated pain treatment, and vitamin D deficiency is not 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. There is also a correlation between inadequate vitamin D levels and the amount of narcotic medications taken by chronic pain patients. The medical necessity for this request was not reported. There were no lab values submitted. Also, the request does not indicate a frequency for the medication. Therefore, Vitamin D3 2000 IU daily, #30 is not medically necessary.