

Case Number:	CM14-0031089		
Date Assigned:	03/19/2014	Date of Injury:	02/06/2003
Decision Date:	04/22/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/11/2014

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 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:

This is a 59 year old male patient s/p injury 2/6/03. The patient is s/p microlumbar decompressive surgery bilaterally L3-4, L4-5 on 10/15/13. He has had ongoing low back pain with radiation of pain into the lower extremities. The patient also had radicular numbness in the left arm. The patient has been treated with medications, physical therapy, chiropractic care, injection (corticosteroid of the left knee). February 14, 2014 progress note states that vitamin D has been provided for the patient based on the finding of insufficient serum 25 (OH) D levels of less than 30ng/ml. There is a 1/30/14 adverse determination due to lack of documentation of vitamin D deficiency or that the patient would be unable to maintain vitamin D levels with sun exposure.

IMR ISSUES, DECISIONS AND RATIONALES

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

VITAMIN D 2000, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS, OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, VITAMIN D

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS, OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, VITAMIN D

Decision rationale: CA MTUS does not address Vitamin D supplementation. ODG recommends consideration for vitamin D supplements in chronic pain patients and supplementation if necessary. Inadequate vitamin D may represent an under-recognized source of nociperception and impaired neuromuscular functioning among patients with chronic pain. Physicians who care for patients with chronic, diffuse pain that seems musculoskeletal - and involves many areas of tenderness to palpation - should consider checking vitamin D level. The 2/14/14 note states that the patient was found to have laboratory values of vitamin D below 30ng/ml. This represents a clinically significant vitamin D deficiency and the request is deemed medically necessary.