MAXIMUS Federal Services

Case Number:	CM14-0195396		
Date Assigned:	12/02/2014	Date of Injury:	08/22/2006
Decision Date:	01/22/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/20/2014

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 Rehab 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 st

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 62 year old female with date of injury 8/22/2005. The treating physician report dated 12/1/14 indicates that the patient presents with pain affecting the low back and legs. The patient states that most of her pain is in the left hip and left knee and describes the pain in her low back as tingling. The physical examination findings reveal lumbar spine flexion is 30 degrees with patient standing with pain at the low back with radiation to the right groin (right L1 radicular pain) and down the bilateral legs. Lumbar spine extension is 10 degrees with pain at the low back bilaterally and left leg is colder than the right. Prior treatment history includes a lumbar ESI, an L5 nerve root block, right hip surgery and prescribed medications of Vicodin. Current medications include Norco, Prilosec, Elavil, Lopid and Neurotin. The current diagnoses are: 1. Discogenic degeneration lumbar2. Lumbar nerve root injury3. Anxiety4. Depression5. Gastritis6. Discogenic syndrome cervical7. Vitamin D deficiency8. Reflex sympathetic dystrophyThe utilization review report dated 11/13/14 denied the request for Vitamin D level and Calcium level (Blood Test) every 3 months based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin D level and Calcium level (Blood Test) every 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain affecting the low back and legs. The current request is for Vitamin D level and Calcium level (Blood Test) every 3 months. The treating physician report dated 12/1/14 states that the patient needs the vitamin D level in order to properly treat her underlying industrial injury. The patient was noted as having moderate-to-severe pain in the low back and right leg on a scale of 7/10. The treating physician also noted the patient had L1 radicular pain that radiates to the right groin. The MTUS guidelines do not address vitamin D level and calcium blood tests. The ODG states, 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. In this case, the treating physician has noted that the patient has chronic L1 radicular pain that radiates into bilateral lower extremities. There is little documentation given for the diagnosis of vitamin deficiency. In the 12/1/2014 progress note, the physician notes a vitamin D level of 29 with 30 being the laboratory lower level of normal. Her calcium level was normal. There is no mention of further workup. In the differential diagnosis are hypoparathyroidism, osteopenia, osteoporosis, decreased sun exposure, malnutrition, and celiac disease. With a borderline vitamin D such as this, a repeat is warranted to rule out lab error or standard deviation. Repetitive levels are not warranted with just a diagnosis of vitamin D deficiency. Minimally, vitamin D supplementation is warranted and there is no documentation of that being done. This reviewer cannot think of a disease state that requires vitamin D levels every 3 months, especially a disease that is not being treated. The requested vitamin D levels every 3 months are not medically necessary. Therefore, the request is not medically necessary.