

Case Number:	CM14-0205214		
Date Assigned:	12/17/2014	Date of Injury:	07/15/1997
Decision Date:	02/04/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/08/2014

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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 52 yo male who sustained an industrial injury on 07/15/1997. The mechanism of injury occurred when he was lifting a heavy pallet during the course of his usual and customary work injuring his low back. His diagnosis is low back pain. He continues to complain of low back pain which radiates to both legs. On physical exam there is decreased range of lumbar motion with pain. There were no motor or sensory abnormalities noted. Treatment has consisted of medical therapy. The treating provider has requested lab studies: Vitamin D, PSA and RPR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: Vitamin D, PSA and RPR: 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 Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2014- Vitamin D Testing, RPR Testing, US. Preventative Task Force- 2014- PSA Screening.

Decision rationale: The review medical records contain no rationale for the requested studies. Given the role of vitamin D in bone mineralization, patients who are at risk of or who have osteoporosis should be considered as candidates for vitamin D screening. Although emerging data on the role of vitamin D in extra skeletal outcomes, such as autoimmunity, cancer, and cardiovascular disease, make it tempting to screen for deficiency in a broader population, large randomized controlled trials and dose response data are still underway. The U.S. Preventive Services Task Force (USPSTF) recommends against prostate-specific antigen (PSA)-based screening for prostate cancer. The rapid plasma reagin (RPR) refers to a type of rapid diagnostic test that looks for non-specific antibodies in the blood of the patient that may indicate that the organism (*Treponema pallidum*) that causes syphilis is present. The RPR test is an effective screening test, as it is very good at detecting people without symptoms who are affected by syphilis. However the test may suggest that people have syphilis who in reality do not (i.e., it may produce false positives). False positives can be seen in viral infections (Epstein-Barr, hepatitis, varicella, measles), lymphoma, tuberculosis, malaria, endocarditis, connective tissue disease, pregnancy, autoimmune diseases, intravenous drug abuse, or contamination. It can also occur naturally in the elderly. As a result, these two screening tests should always be followed up by a more specific treponemal test. Medical necessity for the requested lab studies has not been established. The requested items are not medically necessary.