

Case Number:	CM15-0149685		
Date Assigned:	08/12/2015	Date of Injury:	04/17/2001
Decision Date:	09/09/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	08/03/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 41-year-old female, who sustained an industrial injury on April 17, 2001. Treatment to date has included diagnostic imaging, laboratory evaluations, and pain medications. Currently, the injured worker complains of neck pain with radiation of pain down the bilateral upper extremities. Her pain is aggravated by activity and walking. She has low back pain with radiation of pain down the bilateral lower extremities. Her pain is accompanied with constant numbness in the bilateral lower extremities to the level of the feet with associated muscle weakness in the bilateral lower extremities. She reports that her pain is aggravated by activity, with standing and with walking. She reports frequent muscle spasms in the bilateral low back. The injured worker rates her pain an 8-9 on a 10-point scale with medications and a 10 on a 10-point scale with medications. Her pain has unchanged since her previous evaluation. A recent laboratory evaluation revealed a 25 (OH) D laboratory value of 16. The diagnosis associated with the request is hand hemarthrosis. The treatment plan includes Vitamin Diarrhea 2000 IU #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin D 2000 IU 1 tablet 2 times a day #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Vitamin D (cholecalciferol) <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, vitamin D supplementation "Not recommended for the treatment of chronic pain based on recent research below. Although it is not recommended as an isolated pain treatment, vitamin D supplementation is recommended to supplement a documented vitamin deficiency, which is not generally considered a workers' compensation condition." There is no documentation that the patient is suffering from a vitamin D deficiency requiring Vitamin D supplementation. Therefore, the request is not medically necessary.