

Case Number:	CM15-0183457		
Date Assigned:	09/24/2015	Date of Injury:	11/15/2011
Decision Date:	10/29/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/17/2015

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: California

Certification(s)/Specialty: Emergency 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 66-year-old male who sustained an industrial injury on 11-15-11. The injured worker reported low back pain. A review of the medical records indicates that the injured worker is undergoing treatments for failed back surgery syndrome, chronic pain syndrome, facet arthropathy, chronic low back pain, neuropathic pain in the bilateral lower extremities and Vitamin D deficiency. Medical records dated 8-12-15 indicate "constant low back pain" rated at 6 out of 10. Provider documentation dated 8-12-15 noted the work status as deferred to the primary treating physician. Treatment has included home exercise program, Norco since at least March of 2015, Cymbalta since at least March of 2015, and status post lumbar fusion. Objective findings dated 8-12-15 were notable for tenderness to palpation to the L4-L5 and I5-S1 musculature with decreased lumbar spine range of motion. The original utilization review (9-8-15) denied a request for Vitamin D 1000 unit by mouth daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin D 1000 unit by mouth daily: 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 Chapter, updated 07/15/15: 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 requested Vitamin D 1000 unit by mouth daily is not medically necessary. A MTUS is silent. Official Disability Guidelines, Pain, Vitamin D note that it is "Recommend consideration in chronic pain patients and supplementation if necessary. Under study as an isolated pain treatment, and vitamin D deficiency is not a considered a workers compensation condition," and does not recommend such supplements as showing any meaningful benefits in the treatment of chronic pain and only considers potential use with documented, detailed proof of vitamin deficiencies. The injured worker has tenderness to palpation to the L4-L5 and l5-S1 musculature with decreased lumbar spine range of motion. The treating physician has not documented evidence of vitamin deficiencies. The criteria noted above not having been met, Vitamin D 1000 unit by mouth daily is not medically necessary.