

Case Number:	CM15-0200119		
Date Assigned:	10/15/2015	Date of Injury:	05/22/1997
Decision Date:	11/24/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/12/2015

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: Preventive Medicine, Occupational 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 56 year old female, who sustained an industrial injury on 5-22-1997. The injured worker is undergoing treatment for chronic pain, failed back surgery syndrome, lumbar disc bulge, lumbar radiculopathy and left hemi laminectomy. Medical records dated 9-1-2015, 9-4-2015 indicate the injured worker complains of neck pain radiating down bilateral upper extremities and burning low back pain radiating down the bilateral lower extremities and unchanged. Pain is rated 3 out of 10. She reports caudal epidural steroid injection on 6-18-2015 provided 50-80% overall improvement lasting 3 months. Physical exam dated 9-4-2015 notes antalgic gait, lumbar tenderness to palpation, spasm and tightness with decreased sensation of L5 and S1 dermatomes. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) unit, home exercise program (HEP), lumbar magnetic resonance imaging (MRI), caudal epidural steroid injection, water therapy, physical therapy, acupuncture, Norco, Percocet, Tramadol and vitamin D. The original utilization review dated 9-22-2015 indicates the request for Gabapentin 300mg #90 is certified and Vitamin D 2000units #30 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin D 2000units, #30: 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, updated 9/8/15, 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 Chapter/Vitamin D (cholecalciferol) Section.

Decision rationale: The MTUS Guidelines do not address the use of Vitamin D. The ODG recommends consideration of Vitamin D supplementation in chronic pain patients. There is a correlation of low Vitamin D levels and the amount of narcotic pain medications used. In this case, there is no documentation of decreased vitamin D levels in the injured worker, therefore, the request for Vitamin D 2000units, #30 is determined to not be medically necessary.