

Case Number:	CM15-0209026		
Date Assigned:	10/28/2015	Date of Injury:	12/12/2007
Decision Date:	12/08/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/23/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 52 year old male who sustained an industrial injury on 12-12-07. The injured worker reported low back pain. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar disc degeneration, lumbar facet arthropathy, failed back surgery syndrome and lumbar radiculopathy. Medical records dated 9-14-15 indicate pain rated at 7 to 9 out of 10 and limitation with activities of daily living due to pain. Provider documentation dated 9-14-15 noted the work status as "currently not working". Treatment has included status post lumbar spine hardware block (5-6-15), Tylenol number 3, computed tomography, magnetic resonance imaging, therapy, and electromyography and nerve conduction velocity study. Objective findings dated 9-14-15 were notable for lumbar spine with tenderness to palpation to L4-S1, paraspinous musculature spasms, limited range of motion due to pain. The original utilization review (10-13-15) denied a request for Vitamin D 2000 Unit #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin D 2000 Unit #100: 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, Vitamin D (cholecalciferol).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, vitamin D.

Decision rationale: The California MTUS, ODG and ACOEM do not specifically address the requested service. The Physician Desk Reference states the requested medication is indicated in the treatment of vitamin D deficiency due to various disease states or primary deficiency. The patient does not have this documented clinical diagnosis due to industrial incident and therefore the request is not medically necessary.