

Case Number:	CM15-0087518		
Date Assigned:	05/11/2015	Date of Injury:	01/17/2000
Decision Date:	06/12/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/06/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 54 year old male, who sustained an industrial injury on 1/17/2000. Diagnoses have included cervical radiculopathy, lumbar failed back surgery syndrome, lumbar radiculopathy, headaches, anxiety, depression, anxiety and vitamin D deficiency. Treatment to date has included magnetic resonance imaging (MRI) and medication. According to the progress report dated 3/27/2015, the injured worker complained of neck pain that radiated to the bilateral upper extremities. He complained of low back pain that radiated to the bilateral lower extremities. He also complained of headaches. The pain was rated 3-5/10 with medications and 4-6/10 without medications on average. The pain was reported as improved since the last visit. The injured worker reported medication associated gastrointestinal upset and constipation. Lumbar exam revealed tenderness to palpation in the paravertebral area L4-S1 levels. Range of motion of the lumbar spine was moderately limited due to pain. Authorization was requested for Vitamin D.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin D 2000 units #60 with 1 refill: 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), Vitamin D (cholecalciferol).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain/ Vitamin D.

Decision rationale: This 54 year old male has complained of neck pain and low back pain since date of injury 1/17/00. He has been treated with physical therapy and medications. The current request is for Vitamin D. The medical records indicate a diagnosis of vitamin D deficiency. Per the ODG guidelines cited above, vitamin D deficiency is a medical condition unrelated to worker's compensation. A request for vitamin D is therefore not medically necessary.