

Case Number:	CM14-0137962		
Date Assigned:	09/05/2014	Date of Injury:	02/23/2006
Decision Date:	10/09/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/26/2014

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. The expert reviewer is Board Certified in Emergency Medicine, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50-year-old male who reported an injury on 02/23/2006. The mechanism of injury was not provided. On 08/25/2014, the injured worker presented with back, neck, left knee, and left arm pain. Current medications included Prilosec, Norco, Soma, Motrin, Ambien, Xanax, glucosamine, Cymbalta, Risperdal, and Viagra. The injured worker had a previous cervical fusion. Upon examination of the cervical spine, there was stiffness to the neck and difficulty with movement. The thyroid was not palpable. The left hand grip was weaker than the right and the injured worker was wearing a desensitization brace on the left arm. There was hypersensitivity pain in the left hand, left jaw, and bilateral feet with intact sensation and decreased hearing in the left ear. The provider recommended vitamin D level. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin D level: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Practice Standard of Care

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 70.

Decision rationale: The request for vitamin D level is not medically necessary. The California MTUS Guidelines recommend periodic lab monitoring of a chemistry profile including liver and renal function tests. The guidelines recommend measuring liver transaminases with 4 to 8 weeks after starting therapy, but the interval of repeat lab tests after this treatment duration has not been established. Routine blood pressure monitoring is however, recommended. The provider does not specify which lab test is being requested therefore, there could be no application of specific guidelines. Additionally, the provider's rationale for recommending a vitamin D level was not provided. As such, medical necessity has not been established.