

Case Number:	CM14-0110511		
Date Assigned:	07/28/2014	Date of Injury:	09/17/1999
Decision Date:	07/16/2015	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/15/2014

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. 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, 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 59 year old male who sustained an industrial injury on 09/17/1999. Treatment provided to date has included: cervical spine surgery, lumbar spine surgery, left shoulder surgery, physical therapy, medications, and conservative therapies/care. Diagnostic tests performed include: MRI of the lumbar spine (02/03/2014) showing multiple disc bulges and protrusion throughout the lumbar spine with facet disease, post-operative changes and spinal canal stenosis; and frequent laboratory testing showing significantly decreased/low vitamin D levels. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 05/08/2014, physician progress report noted complaints of low back pain. Pain is rated as 8 (0-10) with medications, 9/10 without medications, and described as constant, worsening, sharp and stabbing without radiation. The pain is aggravated by activity, standing twisting, and walking. Additional complaints include difficulty sleeping and upper extremity pain bilaterally in the shoulders. The injured worker reported that the use of H2-blocker, non-steroid anti-inflammatory drugs (NSAIDs) and opioid medications are helpful. Current medications include The physical exam revealed tenderness to palpation in the spinal vertebral area of L4-S1 levels, moderately limited range of motion in the lumbar spine due to pain, increased pain with extension and flexion of the lumbar spine, and positive facet signs bilaterally. The provider noted diagnoses of cervical facet arthropathy, cervical radiculopathy, status post cervical fusion, lumbar disc displacement, lumbar facet arthropathy, lumbar post laminectomy syndrome, lumbar radiculopathy, lumbar spinal stenosis, erectile dysfunction, vitamin D deficiency, chronic pain, and status post left shoulder surgery. It was noted that the injured worker had developed opiate

tolerance due to long term use, and that weaning of medications had failed due to the severely worsened pain with the reduction in medication. Plan of care includes lumbar medial branch blocks, continued home exercise program, continued medications, supplemental Vitamin D, and follow-up. The injured worker's work status temporarily totally disabled. Requested treatments include vitamin D 2000 IU (2 once daily) #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin D 2000 IU, qty 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, Pain Chapter 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) Cholecalciferol.

Decision rationale: MTUS does not address the use of Vitamin D. The ODG states that Vitamin D can be considered in chronic pain patients. Decreased Vitamin D levels have been associated with chronic pain and fibromyalgia symptoms. Serum levels of Vitamin D must be documented as in the low range in order to justify supplementation. The clinical information presented for review lacks documentation of lab work regarding the patient's Vitamin D levels. Therefore, the request is deemed not medically necessary or appropriate at this time.