

Case Number:	CM14-0210676		
Date Assigned:	12/23/2014	Date of Injury:	10/16/2006
Decision Date:	02/27/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/16/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 38 year old employee with date of injury of 10/6/06. Medical records indicate the patient is undergoing treatment for s/p hardware block (9/20/14); he is s/p left hemilaminectomy at L4-5 and L5-S1 with prosthetic intervertebral disc and pedicle screws; lumbar post laminectomy syndrome; lumbar radiculopathy; status post fusion, lumbar spine; depression; medication related dyspepsia; vitamin D deficiency and other chronic pain. Subjective complaints include neck pain that radiates down the bilateral upper extremities. The pain is made worse with walking and activity. He has low back pain that radiates down the bilateral lower extremities, left side greater than right and includes muscle weakness in the bilateral lower extremities. Pain is made worse with activity, standing and walking. He also has bilateral toe and hip pain. He has insomnia and ongoing headaches. He says he has 20-50% relief since his hardware block and reports improved mobility for one week. He says his medications are helpful but reports his pain as a 10/10. Objective findings include spasm at the lumbar spine, L3-5. There is tenderness in the spinal vertebral area L4-S1 levels and his range of motion is limited due to pain. Pain increases with flexion and extension and there is decreased strength of the exterior muscles on the bilateral lower extremities, L4-S1 dermatome. Straight leg raise is negative bilaterally as was the foot drop. Treatment has consisted of home exercise, Norco, Ibuprofen, Tramadol and Xolido cream. The utilization review determination was rendered on 12/10/14 recommending non-certification of Vitamin D 2000 units 2 tabs QD #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin D 2000 units 2 tabs QD #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

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: California MTUS/ACOEM Guidelines do not specifically address Vitamin D, therefore other guidelines were utilized. ODG states, "Not recommended for the treatment of chronic pain based on recent research below. Although it is under study as an isolated pain treatment, vitamin D supplementation is recommended to supplement a documented vitamin deficiency, which is not generally considered a workers' compensation condition. Musculoskeletal pain is associated with low vitamin D levels but the relationship may be explained by physical inactivity and/or other confounding factors."There is no medical documentation laying out the reasoning for prescribing the patient Vitamin D. Additionally, ODG does not recommend Vitamin D for pain. Medical records provided does not document a specific vitamin deficiency. As such, the request for Vitamin D 2000 units 2 tabs QD #100 is not medically necessary.