

Case Number:	CM15-0122017		
Date Assigned:	07/09/2015	Date of Injury:	02/25/2015
Decision Date:	08/05/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/24/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36 year old female who sustained an industrial injury on 02/25/15. Initial diagnoses include spinal cord injury with paraplegia. Treatments to date include spinal fusion, ICU care, and rehabilitation. Diagnostic studies include multiple x-rays, CT scans, and MRIs. Current complaints are not addressed. Current diagnoses include thoracic spinal cord injury with paraplegia, neurogenic bladder and bowel, depression, anxiety, impaired mobility and activities of daily living, adjustment reaction, muscle weakness, and other speech disturbance. In the rehabilitation discharge summary the treating provider reports the plan of care as continued therapies and multidisciplinary care, and medications including Colecalciferol, Diazepam, Docusate sodium, Enoxaparin, Gabapentin, Melatonin, Midodrine, Nabumetone, Oxycodone, Polyethylene glycol, Ranitidine, and Viniifaxine. The requested treatment is Colecalciferol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cholecalciferol 1000 units: 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, 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) Pain Chapter, Vitamin D, pages 865-866.

Decision rationale: Treatment request for Cholecalciferol (Vitamin D) is not provided with any documented indication to support its use. There is an increase prevalence of Vitamin D deficiency reported in chronic spinal cord injured individuals, but treatment guidelines for replacement are not available. However, submitted reports failed to demonstrate any medical indication, evidence for vitamin deficiency, or lab results of such for this recent injury of February 2015. Dietary supplements such as minerals and vitamins may be appropriate for individuals with deficiencies; however, this has not been established here as a result of the industrial injury or illness. Additionally, per ODG, Vitamin D deficiency is not a considered a workers compensation condition and although musculoskeletal pain may be associated with low vitamin D levels; however, the relationship may be explained by physical inactivity and/or other confounding factors, making treatment inappropriate. Patients with inadequate vitamin D may benefit from Cholecalciferol units dosed according to the level of deficiency, but caution is necessary for patients with calcium- or phosphate- processing disorders because increasing vitamin D levels could be problematic in patients with kidney failure or stones or primary hyperparathyroidism or sarcoidosis. Submitted reports have not demonstrated sufficient indication or clinical findings to support for its use. The Cholecalciferol 1000 units are not medically necessary and appropriate.