

Case Number:	CM15-0098976		
Date Assigned:	06/01/2015	Date of Injury:	04/17/2001
Decision Date:	07/07/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/22/2015

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: Preventive Medicine, Occupational Medicine

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 40-year-old female, who sustained an industrial injury on 4/17/2001. Diagnoses include lumbar disc degeneration, chronic pain, lumbar failed back surgery syndrome, lumbar radiculopathy, status post fusion lumbar spine, right shoulder pain, fibromyalgia, depression, complex regional pain syndrome right upper extremity, failed spinal cord stimulator trial and status post right shoulder surgery. Treatment to date has included diagnostics, caudal epidural steroid injection L4-S1 (4/14/2015) and medications including anti-seizure class, H2 blockers and opioids. EMG (electromyography) dated 2/14/2006 was read as normal, and NCS (nerve conduction studies) dated 2/14/2006 showed abnormal study due to mild slowing of the median sensory conduction velocity through the carpal tunnel on the right. Magnetic resonance imaging (MRI) dated 9/30/2005 showed moderate spinal stenosis. Per the Primary Treating Physician's Progress Report dated 4/22/2015, the injured worker reported neck pain with radiation down the bilateral upper extremities and low back pain that radiates down the bilateral lower extremities left greater than right, with radiation down to the toes. There is numbness and muscle weakness constantly in the lower extremities. Physical examination of the lumbar spine revealed spasm in the bilateral paraspinal musculature with tenderness noted upon palpation in the bilateral paravertebral area L4-S1 levels. Pain was significantly increased with flexion and extension. The plan of care included medications and authorization was requested for MS Contin 15mg, Tizanidine 2mg and Vitamin D 2000 units #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin D 2000units #100: Overturned

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) Pain Chapter, Vitamin D (cholecalciferol).

Decision rationale: The MTUS Guidelines do not address the use of Vitamin D. The ODG recommends consideration of Vitamin D supplementation in chronic pain patients. There is a correlation of low Vitamin D levels and the amount of narcotic pain medications used. The request for Vitamin D 2000 units #100 is determined to be medically necessary.