

Case Number:	CM13-0012963		
Date Assigned:	03/26/2014	Date of Injury:	05/04/2009
Decision Date:	04/24/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/19/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 patient is a 55 year old male who was injured on 05/04/2009. The mechanism of injury is unclear. Prior treatment history has included Naprosyn 500 mg bid, Prebiotic and Vitalee. Diagnostic studies reviewed include x-rays dated 05/05/2009 of the right shoulder revealing: 1) Mild osteophyte formation involving the right acromioclavicular joint. 2) Otherwise normal right shoulder. X-rays of the lumbar spine reveal normal lumbar spine. X-rays of the right knee is normal. X-ray of the right hand is normal. X-rays of the cervical spine reveal: 1) Prominent degenerative changes along the cervical spine at multiple levels. 2) There appeared to be moderate posterior encroachment upon the canal at C-45, C5-6 and C6-7 levels. 3) If the patient had clinical evidence of long track signs of radiculopathy, a CT or MRI of the cervical spine may be considered if clinically appropriate. On 06/15/2009 an MRI of the cervical spine revealed: 1) Cervical straightening. 2) Multilevel degenerative disc disease and spondylosis at C4-T1 without cord compression or impression at any level. 3) Multilevel lateral foraminal encroachment C3-T1, severe at C4-7 levels. On 06/15/2009 MRO of the lumbar spine revealed: 1) Mild degenerative disc disease and spondylosis L3-4 and L4-5 with primarily lateral recess stenosis at these levels. 2) Degenerative disc disease and spondylosis L5-S1 with small central right paracentral disc protrusion with stenosis of right lateral recess and mild posterior displacement of transition right S1 nerve root. An EMG/NCV dated 07/21/2009 revealed: 1) Electrodiagnostic study of the right upper extremity with mild right C6 radiculopathy. 2) Moderate right carpal tunnel syndrome (median nerve entrapment at the wrist) affecting sensory and motor components. An MRI of the lumbar spine dated 08/24/2010 revealed slight increase in right paracentral protrusion at L5-S1 level now measuring 3.5 to 4.0 mm effacing the epidural fat with minimal deformity of the dural sac. This encroaches upon but did not efface the lateral recess in the region of the budding right S1 spinal nerve. On 02/27/2011 an MRI of the right shoulder

without contrast revealed: 1) Moderate to severe increased anatomic risk for acromioclavicular impingement. 2) Partial, undersurface tear of the infraspinatus and supraspinatus tendon with a suspected focal full thickness component involving the anterior aspect of the supraspinatus tendon. On 04/20/2011 MRI of the right knee revealed: 1) Patellar chondromalacia and to a lesser degrees focal chondromalacia of lateral trochlea. 2) No meniscal ligament tear. On 04/20/2011 MRI of the left shoulder revealed: 1) Evidence suggestive of left active and chronic L5 and right chronic L5 lumbar radiculopathy. 2) There was no electrodiagnostic evidence of generalized peripheral neuropathy or focal nerve entrapment in either lower limb. On 05/17/2011 EMG/NCV (Electro Myography/Nerve Conduction Velocity) revealed an abnormal electrodiagnostic study of lower extremities with evidence suggestive of left active and chronic L5 and right chronic L5 lumbar radiculopathy. There was no evidence of generalized peripheral neuropathy or focal nerve entrapment in either lower limb. PR-2 (Progress Report) dated 07/17/2013 documented the patient to be present for refill of meds. No change in symptoms. His appetite is decreased and has been for several months with weight loss of 20 pounds and six months due to appetite.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICAL FOOD, VITALEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT INDEX, 9TH EDITION, (WEB) 2011

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, MEDICAL FOOD OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: [HTTP://VITALEE.COM/](http://vitalee.com/)

Decision rationale: The medical records do not establish the patient has a medical condition that necessitates this product as treatment. In reference to the Official Disability Guidelines, Vitalee does not meet the criteria as a medical food. The medical records do not establish this product is labeled as intended for the specific dietary management of a disorder, disease or condition for which a distinctive nutritional requirement exists, and has been established by a medical evaluation. Therefore, Vitalee is not medically necessary and appropriate.

PREBIOTIC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT INDEX, 9TH EDITION, (WEB) 2011

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, MEDICAL FOOD

Decision rationale: The medical records do not establish the patient has a medical condition that requires this product as treatment. In reference to the Official Disability Guidelines, the medical records do not establish this patient requires a medical food. The medical records do not establish this patient requires this product for the purpose of specific dietary management of a disorder, disease or condition for which a distinctive nutritional requirement exists, and has been established by a medical evaluation. The medical necessity of Prebiotic has not been established.