

Case Number:	CM13-0058722		
Date Assigned:	12/30/2013	Date of Injury:	11/24/1999
Decision Date:	05/06/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/27/2013

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 Occupational Medicine, 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 an employee of [REDACTED] and has filed a claim for low back pain associated with an industrial injury date of November 24, 1999. Utilization review from November 4 2013 denied the requests for vitamins for postoperative gastric bypass due to nonspecific request and no documentation of dietary deficiency and 8 psychology sessions due to no objective evidence of progress from previous sessions. Treatment to date has included epidural steroid injections, acupuncture, home exercise program, aqua therapy, and oral pain medications. Medical records from 2012 through 2013 were reviewed showing the patient complaining of persistent low back pain and bilateral lower extremity pain. The patient has been taking over-the-counter Tylenol and Aleve. On examination, the lumbar spine was noted to have decreased range of motion with pain as well as muscle guarding. Activities of daily living were not discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

VITAMINS FOR POSTOPERATIVE GASTRIC BYPASS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain.

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, MEDICAL FOODS

Decision rationale: The Official Disability Guidelines state that medical foods are dietary management for a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Medical foods must be used under medical supervision. In this case, the patient is noted to have had gastric bypass. However, the request does not specify specific vitamins. The documentation does not discuss a specific vitamin deficiency in the patient. Therefore, the request for vitamins for postoperative gastric bypass is not medically necessary.

EIGHT (8) PSYCHOLOGY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As stated on pages 101-102 of the MTUS Chronic Pain Guidelines, psychological treatments are recommended as an adjunct into pain treatment with a positive short-term effect on pain interference and long-term effect on return to work. In this case, the patient has had previous psychological treatment. However, the exact functional improvements attributed to these treatments were not clearly documented such as improved ability to perform activities of daily living or improved functional ability at work. Therefore, the request for 8 psychology sessions is not medically necessary.