

Case Number:	CM14-0001586		
Date Assigned:	04/16/2014	Date of Injury:	01/04/2011
Decision Date:	05/27/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/06/2014

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. 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:

Patient is a 50 year old male with date of injury 01/04/2011. The medical record associated with the request for authorization of the [REDACTED] program, a primary treating physician's orthopedic progress report, dated 11/21/2013, lists subjective complaints as continuing left sided low back pain which radiates down the left lower extremity. Objective findings: An examination of the lumbar spine and lower extremities revealed the patients walks with a normal gait and has a normal heel-toe swing through gait, with no evidence of limp. There is no evidence of weakness walking on the toes or the heels. The contour of the lumbar spine shows no gross deformity. There is no appreciable swelling or gross atrophy of the vertebral muscles. Palpable tenderness was noted on the left paraspinal region, approximately L4. There is no decreased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **PROGRAM FOR 3 MONTHS:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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.

Decision rationale: Medical food is defined in section 5(b) of the Orphan Drug Act (21 U.S.C. 360ee (b) (3)) as "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Medical foods do not have to be registered with the FDA and as such are not typically subject to the rigorous scrutiny necessary to allow recommendation by evidence-based guidelines. The request is not medically necessary or appropriate.