

Case Number:	CM14-0138094		
Date Assigned:	09/05/2014	Date of Injury:	01/21/1997
Decision Date:	09/25/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/26/2014

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 Emergency 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 injured worker is a 52 year-old male, who sustained an injury on January 21, 1997. The mechanism of injury is not noted. Diagnostics have included: August 11, 2010 bone scan reported as normal; August 18, 2010 Lumbar spine MRI reported as showing multi-level disc bulges; January 8, 2013 urine drug screen reported as showing negative results. Treatments have included: medications, medical foods, acupuncture, home exercise, TENS. The current diagnoses are: lumbar radiculopathy, muscle spasm. The stated purpose of the request for Sentra Am # 60 and PM # 60 was to provide sleep and energy. The request for Sentra AM # 60 and PM # 60 was denied on August 19, 2014, citing a lack of documentation of dietary deficiency and evidenced-based support for their use. Per the report dated August 7, 2014, the treating physician noted complaints of back spasms. Exam findings included lumbar spine restricted range of motion with paraspinal tenderness and spasm, sacroiliac joint tenderness, decreased sensation to the left lateral and right posterior legs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra AM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Medical Food.

Decision rationale: Neither the ACOEM Guidelines nor California MTUS addresses nutraceuticals, but per Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Medical Food, medical foods are addressed and the definition "is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for specific dietary management of a disease or condition for a distinctive nutrition or requirement based on recognized scientific principles or established by medical evaluation. To be considered, the product must at a minimum meet the following criteria: (1) the product must be food for oral or tube feeding. (2) The product must be labeled for dietary management of a specific medical disorder, disease, or condition for a distinctive nutritional requirement. (3) The product must be used under medical supervision." The injured worker has back spasms. The treating physician has documented lumbar spine restricted range of motion with paraspinal tenderness and spasm, sacroiliac joint tenderness, decreased sensation to the left lateral and right posterior legs. The treating physician has not documented any specific dietary diseases or conditions or nutritional requirements requiring nutritional supplements. The treating physician has not provided sufficient evidence-based, peer-reviewed and nationally-recognized medical literature in support of this supplement. The criteria noted above not having been met, Sentra Am # 60 is not medically necessary.

Sentra PM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Pain (Chronic) Chapter, Medical Food.

Decision rationale: Neither the ACOEM Guidelines nor California MTUS addresses nutraceuticals, but per Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Medical Food, medical foods are addressed and the definition "is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for specific dietary management of a disease or condition for a distinctive nutrition or requirement based on recognized scientific principles or established by medical evaluation. To be considered, the product must at a minimum meet the following criteria: (1) the product must be food for oral or tube feeding. (2) The product must be labeled for dietary management of a specific medical disorder, disease, or condition for a distinctive nutritional requirement. (3) The product must be used under medical supervision." The injured worker has back spasms. The treating physician has documented lumbar spine restricted range of motion with paraspinal tenderness and spasm, sacroiliac joint tenderness, decreased sensation to the left lateral and right posterior legs. The treating physician has not documented any specific dietary diseases or conditions or nutritional requirements requiring nutritional supplements. The treating physician has not provided sufficient evidence-based, peer-reviewed and nationally-recognized medical

literature in support of this supplement. The criteria noted above not having been met, Sentra PM # 60 is not medically necessary.