

Case Number:	CM14-0155526		
Date Assigned:	09/25/2014	Date of Injury:	11/05/1997
Decision Date:	10/28/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 58-year-old female who reported an injury on 11/05/1997. The mechanism of injury was not provided. The injured worker's diagnoses consist of thoracic radiculopathy, thoracic spinal stenosis. Past medical treatment included heating pad, home exercise program, transcutaneous electrical nerve stimulation unit, physical therapy, medial branch block injection and medications. Diagnostic testing included a thoracic magnetic resonance imaging on 07/18/2013. The injured worker underwent a thoracic fusion in the late 1990s from T7-9. The injured worker complained of pain across the back located at T7-9 radiates across the shoulder blades and on the right side radiates into the chest 07/09/2014. The injured worker complained of right sided pain being greater than the left. The pain was aggravated with driving and all activity. The injured worker rated pain at 3-5/10 on the pain scale without medications and a 1-2/10 with medications. The physical examination revealed lumbar thoracic flexion is to 90 degrees; extension is to 20 degrees, thoracic rotation bilaterally is 20 degrees. The physical examination action was done without pain; however, the injured worker noted that there was pain directly after examination. The injured worker had tenderness to palpation over the midline from T7-9 as well the paraspinals. Medications included Fentanyl patch 50 micrograms, and Norco 10/325 mg. The treatment plan is for dietary consult. The rationale for the request was not submitted. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dietary consultation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Lifestyle (diet & exercise) modifications

Decision rationale: The request for dietary consult is not medically necessary. The injured worker complained of pain across the back located at T7-9 radiates across the shoulder blades and on the right side radiates into the chest 07/09/2014. The Official Disability Guidelines recommended as first-line interventions. Lifestyle (dietary and exercise) modifications are essential for all patients with diabetes. Reduction of obesity and an active lifestyle can have major benefits. Medical nutritional therapy must be individualized, with insulin dosage adjustments to match carbohydrate intake, high glycemic index food limitations, adequate protein intake, heart healthy diet use, weight management, and sufficient physical activity. There is lack of documentation of rationale from the provider. There is lack of documentation regarding the injured worker being treated for diabetes or obesity. Therefore the request for dietary consult is not medically necessary.