

Case Number:	CM14-0183402		
Date Assigned:	11/10/2014	Date of Injury:	08/10/2011
Decision Date:	12/12/2014	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/04/2014

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 49-year-old female with a date of injury of 08/10/2011. The mechanism of injury involved heavy lifting. The current diagnoses include lumbar spine herniated nucleus pulposus and shoulder impingement. The injured worker presented on 10/10/2014. Physical examination of the right shoulder revealed well healed portals and decreased range of motion. Physical examination of the lumbar spine revealed positive spasm. Treatment recommendations at that time included a prescription for a medical food. A Request for Authorization form was then submitted on 10/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical foods - unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines state medical food is 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 are established by medical evaluation. There is no indication that this injured worker suffers from a nutritional deficit. There was no frequency or quantity listed in the current request. The type of medical food requested was not specified. Therefore, the current request is not medically appropriate.