

<b>Case Number:</b>	CM14-0065186		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/14/1989
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 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 records, presented for review, indicate that this 60-year-old female was reportedly injured on September 14, 1989. The mechanism of injury was noted as a back injury due to lifting a heavy object. The most recent progress note, dated August 27, 2014, indicated that there were ongoing complaints of back pain. The physical examination demonstrated the patient in no acute distress, with a normal gait. Straight leg raise test was negative bilaterally. The clinician also noted that there was no swelling in her ankles. Diagnostic imaging studies were not included for review. Previous treatment included lumbar fusion in 1994 with removal of instrumentation, insertion of new instrumentation in 1997, and subsequent hardware removal and revision decompression in 2013. A request had been made for folic acid 1 mg, # 30, and magnesium oxide 400 mg, # 60, and was not certified in the pre-authorization process on April 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Folic Acid 1mg #30:** 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 American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) - Chronic Pain; Clinical Measures; Medications; Vitamins (electronically cited).

**Decision rationale:** The ACOEM specifically recommends against the use of dietary supplements in the treatment of chronic pain. These supplements have not been shown to produce any meaningful benefits or improvements in functional outcomes. Based on the documentation provided, there is no evidence based medicine provided to justify the medical necessity of these supplements. As such, the requested nutritional supplement is not medically necessary.

**Magnesium Oxide 400mg quantity 60:** 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Chronic Pain; Clinical Measures; Medications; Vitamins (electronically cited).

**Decision rationale:** The ACOEM specifically recommends against the use of dietary supplements in the treatment of chronic pain. These supplements have not been shown to produce any meaningful benefits or improvements in functional outcomes. Based on the documentation provided, there is no evidence based medicine provided to justify the medical necessity of these supplements. Additionally, adverse effects of these supplements have to be considered, and as there does not appear to be exceptional factors that would warrant deviation from the guidelines, the requested nutritional supplement is not medically necessary.