

Case Number:	CM14-0098439		
Date Assigned:	07/28/2014	Date of Injury:	10/02/2004
Decision Date:	09/24/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	06/26/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 49-year-old gentleman was reportedly injured on October 2, 2004. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 10, 2014, indicates that there are ongoing complaints of upper back and lower back pain. The injured employee also has a history of coronary artery disease, hypertension, and COPD. The physical examination demonstrated decreased range of motion of the cervical spine and tenderness along the cervical muscles. Decreased lung sounds were noted in both lung fields. There was also tenderness along the lumbar spine. Upper extremity tremors were noted. Previous treatment includes multiple lumbar spine surgeries. The injured employee was reported to have had abnormal glucose level. A request had been made for protein shakes for one week - Ensure Complete 8oz three times a day, and was not certified in the pre-authorization process on June 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protein Shakes for one week - [REDACTED] 8oz three times a day, Body part not specified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.diabetesnet.com/diabetes-control/low-blood-sugars/treatment>.

Decision rationale: It is unclear why there is a recommendation for a protein shake to treat low blood sugar. Protein is not a treatment to increase in individual's blood sugar levels. Considering this, this request for protein shakes for one week - [REDACTED] 8oz three times a day is not medically necessary.