

Case Number:	CM14-0195029		
Date Assigned:	12/02/2014	Date of Injury:	09/29/2011
Decision Date:	01/14/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/20/2014

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 Internal 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 (IW) is a 56-year-old man with a date of injury of September 9, 2011. The mechanism of injury was repetitive work. Current working diagnoses include lumbar degenerative disc disease; lumbar disc protrusion; and bilateral lower extremity radiculopathy. Pursuant to the progress note dated September 20, 2014, the IW complains of cervical spine burning sensation and numbness radiating to the bilateral shoulders and hands. He also reported lumbar spine spasms radiating to the bilateral legs. Examination noted tenderness to palpation over the cervical and lumbar spine. Range of motion was limited. A care plan directed x-rays of the lumbosacral spine and cervical spine, urine toxicology testing, physical therapy, and EMG/NCV. The treating physician is requesting authorization for Sentra AM #60. The indication for this request was not documented in the medical record.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Anti-inflammatory medications, Drug testing, NSAIDs,. 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); Pain Section, Medical Foods

Decision rationale: Medical foods are not recommended for chronic pain. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits for improvements in functional outcomes. See the ODG for additional details. In this case, the injured worker's diagnoses were lumbar degenerative this disease; lumbar disc protrusion; and bilateral lower extremity radiculopathy. Sentra AM is a medical food. Medical foods are not recommended for chronic pain. Consequently, Sentra AM is not medically necessary.