

Case Number:	CM15-0038154		
Date Assigned:	03/06/2015	Date of Injury:	01/11/2008
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	02/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 male, who sustained an industrial injury on January 11, 2008. The diagnoses have included electromyogram of the lower extremities on June 2, 2009, Magnetic resonance imaging of thoracic spine on November 5, 2010 and Magnetic resonance imaging of the lumbar spine on June 27, 2009. Treatment to date has included thoracic pain, lumbar pain and normal electromyogram. Currently, the injured worker complains of thoracic spine pain. In a progress note dated January 21, 2015, the treating provider reports examination of the thoracic spine reveals tenderness to palpation of the paraspinal muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klor-con 10mEq quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference, 2015, Klor-Con.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestonline.org/>.

Decision rationale: According to <http://www.labtestonline.org/>, potassium supplementation is indicated in case of low potassium. There is no clear evidence that the patient have low potassium or at risk to develop hypokalemia. Therefore, the request for Klor-con 10mEq quantity 60 is not medically necessary.