

Case Number:	CM15-0045283		
Date Assigned:	03/17/2015	Date of Injury:	12/03/1987
Decision Date:	04/17/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/10/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old female who sustained an industrial injury on December 3, 1987. She has reported low back pain and has been diagnosed with low back pain, lumbar radiculopathy, and complex regional pain syndrome. Treatment has included medications and lumbar epidural steroid injections. Currently the injured worker had decreased range of motion with mottling over the area of pain and radiculopathy to the lower extremities with decreased sensation to touch, temperature, and vibration. The treatment request included a lumbar epidural steroid injection, medical foods, and keflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Foods: 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: Regarding the request for "medical food", California MTUS and ACOEM do not contain criteria for Medical Food. ODG states that medical foods should be used to treat a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Within the documentation available for review, it is unclear exactly what type of "medical food" is being requested. Additionally, there is no indication that the patient has a specific vitamin or nutrient deficiency for which a "medical food" would be indicated. In the absence of such documentation, the currently requested "medical food" is not medically necessary.