

Case Number:	CM15-0245835		
Date Assigned:	12/28/2015	Date of Injury:	03/01/2013
Decision Date:	01/29/2016	UR Denial Date:	11/25/2015
Priority:	Standard	Application Received:	12/17/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 49 year old male injured worker suffered an industrial injury on 3-1-2013. The diagnoses included lumbar sprain-strain, multilevel disc herniations with radiculopathy bilateral lower extremities, and left knee sprain-strain with possible internal derangement and effusion. On 10-26-2015 the treating provider reported difficulty standing and rising from seated position. He used a cane for mobility and had altered gait. On exam there was tenderness of the lumbosacral spine with spasms and left knee tenderness. The diagnostics included left knee and lumbar MRI 9-30-2015. The Request for Authorization date was 11-11-2015. The Utilization Review on 11-25-2015 determined non-certification for Sentra #60 DOS 11-11-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra #60 DOS 11/11/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Theramine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medical foods.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states medical foods are not recommended unless a patient has a specialized diseases state that requires the medical food in the treatment of that disease due to such conditions such as malabsorption. The patient does not meet these criteria as the diagnosis is lower extremity pain, radiculopathy and back pain and therefore the request is not certified.