

Case Number:	CM14-0215261		
Date Assigned:	01/02/2015	Date of Injury:	02/28/2013
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Preventive Medicine, Occupational 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:

Injured worker is a male with date of injury 2/28/2013. Per primary treating physician's progress report dated 10/21/2014, the injured worker reports abdominal pain and acid reflux with medications, and improving diarrhea that is less frequent than constipation. He notes worsening sleep quality and complaints of increasing headaches. He is status post left knee surgery on 8/19/2014. Physical examination shows blood pressure 101/67, heart rate 71, weight 322 pounds. There is 1+ epigastric pain and abdominal bloating. Diagnoses include 1) abdominal pain with acid reflux, rule out ulcer or anatomical abnormality, 2) constipation, rule out irritable bowel syndrome, 3) sleep disorder, rule out obstructive sleep apnea, H. pylori positive IgG antibody, umbilical hernia.

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 ACOEM Chapter 12 Low Back Complaints Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, Medical foods section

Decision rationale: The MTUS Guidelines do not address the use of Sentra AM or other medical foods. The ODG does not recommend the use of medical foods such as Sentra AM except in the event that the patient has a medical condition for which there is specific nutritive requirement or nutritive deficiency. The medical reports do not provide evidence that the injured worker's symptoms are associated with any specific nutritive deficits.