MAXIMUS Federal Services

Case Number:	CM14-0095281		
Date Assigned:	07/25/2014	Date of Injury:	11/30/2010
Decision Date:	06/11/2015	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/23/2014

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, Indiana, New York
Certification(s)/Specialty: Internal 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 a 48 year old female, who sustained an industrial injury on November 30, 2010. She reported being bitten and scratched. The injured worker was diagnosed as having rheumatoid arthritis, allergy unspecified, asthma with status asthmaticus, and angioedema. Diagnostic studies to date have included x-rays. She has been hospitalized numerous times for anaphylactic shock and treated with a ventilator and a tracheostomy. Other treatment to date has included physical therapy, occupational therapy, and medications including oral and topical non-steroidal anti-inflammatory, oral steroid, antihistamine, inhaled combination steroid/long-acting beta-agonist, leukotriene receptor antagonist (asthma), inhaled bronchodilator, and allergy injections. On June 5, 2014, the injured worker was seen for worsening allergy symptoms. She complains of shortness of breath at night and waking up gasping for air. The physical exam was unremarkable. The treatment plan includes 18 sessions of occupation therapy, a rheumatoid consultation, an appointment with a dietitian, and hypoallergenic foods and products.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hypoallergenic foods and products: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation, Pain Procedure Summary, (last updated 05/15/2014), Medical Food.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, hypoallergenic food and products are not medically necessary. Thorough history taking is there always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the injured worker's working diagnoses are allergy and history of angioedema; status post tracheostomy; hypertension/tachycardia; hypoglycemia steroid induced; anemia improved; osteoarthritis; bilateral lower extremity neuropathy; depression; weight gain; and obstructive sleep apnea. The documentation shows the injured worker has a history of hypersensitivity/allergy to nonsteroidal anti-inflammatory drugs with angioedema. The injured worker had a tracheostomy placed. Although the worker has multiple medical problems, there is no indication hypoallergenic food and products will alter the clinical course. There is no clinical documentation in the progress note dated June 10, 2014 indicating hypoallergenic food and products are clinically indicated. There is no clinical discussion, indication or rationale in the medical record (by the treating provider) for hypoallergenic food and products. The treating provider requested a consultation with a dietitian which may be appropriate. However, specific hypoallergenic food and products without a causal relationship establishing food products, in general, are the inciting cause are not clinically indicated. Consequently, absent clinical documentation with a clinical rationale indicating hypoallergenic food and products are clinically indicated, hypoallergenic food and products are not medically necessary.