

Case Number:	CM15-0064567		
Date Assigned:	04/10/2015	Date of Injury:	05/25/1999
Decision Date:	05/15/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/06/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 61 year old female with an industrial injury dated 05/25/1999. Her diagnoses include cervical post laminectomy syndrome, cervical region; brachial neuritis and brachial radiculitis. Prior treatment includes testing for swallowing problems and medications. She presents on 03/03/2015 with complaints of food getting caught in her throat. The injured worker had been having difficulty swallowing since her cervical surgery. Physical exam notes the injured worker to be underweight at 89.6 pounds. In the 11/26/2014 note, documentation reveals the injured worker underwent anterior reconstructive surgery which included anterior disc excision with interbody fusion and anterior plate fixation at cervical 4-5, cervical 5-6 and cervical 6-7. Since the surgery, the injured worker has swallowing difficulties which have improved but never resolved. The provider notes the injured worker continues to have difficulty with swallowing any solid food and is at high risk of choking and aspiration. The plan of treatment was for nutritional supplements to maintain current weight and muscle mass.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nutritional Supplements: Overturned

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 Workers' Compensation-Integrated Treatment/Disability Duration Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (Chronic) Medical Foods.

Decision rationale: The MTUS is silent on the topic of medical food. With regard to chronic pain, the ODG guidelines say this about medical foods: medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The records submitted for review indicate that the injured worker had difficulty swallowing since her cervical surgery 11/26/14. Physical exam noted she was underweight at 89.6 pounds. The UR physician's rationale for denial was not available for review. The request for nutritional supplements to maintain weight and muscle mass is medically necessary.