

Case Number:	CM15-0097938		
Date Assigned:	07/15/2015	Date of Injury:	06/19/2002
Decision Date:	08/10/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/20/2015

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: Arizona, California
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 injured worker is a 51 year old male, who sustained an industrial injury on 06/19/2002. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having a bilateral crush injury to the left ankle, foot, and lower leg; chronic anxiety, anger, and depression; esophagitis; dysesthesia to the bilateral upper extremities; bilateral lower extremity, tibia, ankle, and foot complaints; chronic low back pain; chronic neck pain; status post remote fusion from lumbar two through lumbar five; lumbar five to sacral one foraminal impingement. Treatment and diagnostic studies to date has included laboratory studies, acupuncture, x-rays, magnetic resonance imaging of the right ankle, magnetic resonance imaging of the lumbar spine, use of a cane, electrocardiogram, and status post fusion from lumbar two through lumbar five. In a progress note dated March 11, 2015 the treating physician reports complaints of left sided low back pain with stiffness along with associated symptoms of numbness to the feet. Examination reveals tenderness to the lumbosacral junction, decreased lumbar range of motion, numbness to the soles of the feet, and tightness with straight leg raise on the left. Documentation from April 21, 2015 noted that the injured worker's current medication regimen included Klonopin, Norco, Gabapentin, and Trazadone. The treating physician requested the supplement Omega-3, but the documentation did not indicate the specific reason for the requested supplement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omega-3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omega-3 EFAs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Omega-3 fatty acids (EPA/DHA).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Omega-3 and Cod liver.

Decision rationale: According to the guidelines, Omega 3 is recommended for those with arthritis. In this case, the claimant did not have a diagnosis of arthritis. In addition, frequency and duration of use was not specified. The request for Omega 3 is not medically necessary.