

Case Number:	CM13-0013241		
Date Assigned:	10/04/2013	Date of Injury:	10/11/2012
Decision Date:	01/17/2014	UR Denial Date:	08/03/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 10/11/2012. The treating diagnosis is 724.2 or low back pain/lumbago. Treating diagnoses additionally include lumbar spondylosis and a disc bulge at L4-5 and L5-S1. The current request is for the medical food Theramine. An initial physician review concluded that the treatment guidelines do not support this treatment as medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine #90: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment of Workers' Compensation, Pain, Medical Foods.

Decision rationale: The Official Disability Guidelines indicate, "The product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements." The medical records do not provide specific rationale or

diagnosis in this case for which there are distinctive nutritional requirements. The guidelines have not been met. This request is not medically necessary