

Case Number:	CM14-0101630		
Date Assigned:	07/30/2014	Date of Injury:	01/14/2009
Decision Date:	09/03/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/01/2014

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. The expert reviewer is Board Certified in Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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/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:

This patient is a 52 year old female employee with date of injury of 1/14/2009. A review of the medical records indicates that the patient is undergoing treatment for Discogenic Sciatic Radiculopathy, Mechanical Low Back Pain Syndrome, Loss of Motion Segment Integrity and Lumbar Spine (11/3/2013). Subjective complaints include low back and lower extremity pain, inability to sleep, difficulty standing and walking Patient also complained of memory loss, difficulty making decisions, neck pain, upper back pain and lower back pain. She also notes that the procedures including the long axis stretch across the lumbosacral junction, the release of tension at the left sacrotuberous ligament and the rollup technique for adjusting extension fixation at L5 has been associated with some alleviation of symptomatology and a slight improvement in her ability to sleep. She also notes that transverse arch taping assists with improved ability for standing and walking. Objective findings include 12 degree flexion antalgia and a mild reduction of intensity of paravertebral muscle spasm at the lumbosacral junction. She has sharp pain with lumbar extension range of motion, limited at neutral; and with transverse arch tape in place; four stance stability tests demonstrate a one or two minus reduction of stance stability. Additionally noted is a reduction of election antalgia to 10 degrees. Treatment has included McKenzie therapeutic exercise protocol (1/12/2013). The utilization review dated 5/30/2014 non-certified MinTran # 240 due to lack of clearly delineated medical guidelines supporting use of this prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

MinTran #240: 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), Treatment Index, 12th Edition (web), 2014, Pain, Compounded drugs.; US National Institute of Health (NIH) National Library of Medicine (NLM) PubMed, 2014. (<http://www.ncbi.nlm.nih.gov/pubmed/>); American Medical Directors Association (AMDA). Sleep Disorder. Columbia (MD): 2006.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain (Chronic), Medical Food and Insomnia <https://www.standardprocess.com/Products/Standard-Process/Min-Tran>.

Decision rationale: MTUS is silent on MinTran. Minitran is considered a medical food. ODG states that a medical food is "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation". The website standard process indicates that MinTran is a vegetarian product that contains mineral complexes "to support emotional balance. See website above. Supports a healthy nervous system; Mild calmativie that helps maintain emotional balance; Helps ease the effects of temporary stress; Supports the actions of neurotransmitters that regulate mood." Medical documents do no establish deficiency in nutritional requirements and do not indicate how the requested medication would specifically address the deficiency. In addition there has been no discussion of the patient's sleep hygiene. As such, the request for MinTran #240 is not medically necessary.