

Case Number:	CM14-0038771		
Date Assigned:	06/27/2014	Date of Injury:	03/17/2011
Decision Date:	08/26/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/02/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 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:

The patient is a 54 year old male with a date of injury 03/17/2011. According to progress report 02/17/2014, the patient presents with left shoulder, left posterior neck, bilateral frontal headaches, bilateral upper back and mid back pain. The patient also complains of anxiety, depression and gastritis from medication consumption. Examination of the shoulder revealed pain in the neck that radiates into the left elbow, left fingers and left forearm. Examination of the back revealed continued moderate pain rated as 7/10. Palpation of the thoracic musculature demonstrated hypertonicity in the trapezius bilaterally. The patient's medication includes Anaprox 550 mg, Gabapentin 600 mg, Tramadol 50 mg and Prilosec 20 mg. The physician is requesting Acupuncture 6 visits and Theramine. The utilization Review denied the request on 03/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 visits with W/C electro, W/C cupping and infrared: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture for Neck and Low back Pain.

Decision rationale: The utilization review denied the request stating patient has previously attended Acupuncture Treatments and there was no evidence of adequate pain relief or functional improvement. The medical file provided for review includes 2 progress reports and 1 procedure report for extracorporeal therapy. The utilization review indicates the patient has received prior Acupuncture Treatments. The date of treatment and number of visits are not specified. Given there are no documentation of recent Acupuncture Treatments the request is medically necessary.

Theramine: 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).

Decision rationale: The Official Disability Guidelines indicate Theramine is not recommended. Theramine is a medical food from Physician Therapeutics that is a proprietary blend of gamma-aminobutyric acid [GABA], choline bitartrate, L-arginine and L-serine. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain and inflammatory pain therefore, Theramine is not medically necessary.