MAXIMUS Federal Services

Case Number:	CM15-0184637		
Date Assigned:	09/25/2015	Date of Injury:	10/01/1998
Decision Date:	11/02/2015	UR Denial Date:	09/12/2015
Priority:	Standard	Application Received:	09/21/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 55-year-old female who sustained an industrial injury on 10-1-98. The diagnostic impression is noted as lumbosacral spine discogenic disease, lumbar spine myofascial pain syndrome and left shoulder tendinosis. Previous treatment includes medication, use of a cane, physical therapy, acupuncture, lumbar epidurals, MRI, and bone scan. In a progress report and request for authorization dated 8-13-15, the physician notes complaints of pain in the lower back and left shoulder. Back pain is rated at 6 out of 10, which has decreased from 8 out of 10 on the last visit and 2 out of 10 in the left shoulder, which has decreased from 8 out of 10 on the last visit. Objective findings of the lumbar spine note grade 2 tenderness to palpation over the paraspinal muscles and 2-3 palpable spasm, and restricted range of motion. Objective findings of the left shoulder are noted as grade 2 tenderness to palpation, restricted range of motion, and positive impingement and Codman's tests. The treatment plan is for Theramine #90 for 1 month and to continue physical therapy for the lumbar spine and left shoulder 2 times a weeks for 6 weeks. She has completed 2 sessions of physical therapy. She is noted to be on temporary total disability from 8-17-15 until 9-17-15. It is noted the injured worker would like to return to work on a a trial basis in approximately 6 weeks. On 9-12-15, the requested treatment of 12 physical therapy visits to the lumbar spine and left shoulder (electrical stimulation, diathermy, infrared therapy, therapeutic exercises, massage, ultrasound, manual therapy) was modified to a certification of 2 physical therapy visits to the lumbar spine and left shoulder and Theramine #90 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy visits (electrical stimulation, diathermy, infrared therapy, therapeutic exercises, massage, ultrasound, manual therapy) to the lumbar spine and left shoulder, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy visits (electrical stimulation, diathermy, infrared therapy, therapeutic exercises, massage, ultrasound, manual therapy) to the lumbar spine and left shoulder, quantity: 12 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior PT. There are no extenuating factors which would necessitate 12 supervised therapy visits therefore this request is not medically necessary. Furthermore, the MTUS states that physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. For these reasons, this request is not medically necessary.

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), Pain (Chronic): Theramine (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Theramine and Other Medical Treatment Guidelines Updated ACOEM Guidelines, Pain section; Complementary, alternative treatments, or dietary supplements, etc., page 135.

Decision rationale: Theramine #90 is not medically necessary per ODG and the updated ACOEM Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines do not address this request. The ACOEM MTUS guidelines state that complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain, as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The ODG states that Theramine is a medical food that is a proprietary blend of gamma-aminobutyric acid [GABA] and 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. The documentation does not indicate extenuating circumstances to necessitate use of this supplement, which is not proven for the treatment of chronic pain. This request is not medically necessary.