MAXIMUS Federal Services

Case Number:	CM15-0193973		
Date Assigned:	10/07/2015	Date of Injury:	06/02/2014
Decision Date:	11/23/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/02/2015

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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 46-year-old female who sustained an industrial injury on 6-2-2014. Diagnoses have included cervical sprain, lumbar sprain, bilateral shoulder sprain and bilateral knee contusions. MRIs taken 10-20-14 and 10-21-2014 revealed disc protrusions at C3-7 and L4-S1 and disc bulges L2-L4. No canal stenosis or neural foraminal narrowing was noted. Documented treatment includes physical therapy, acupuncture, a cervical epidural in 10-2014 with "some benefit," lumbar injection 11-2014 "not beneficial," cervical epidural 12-2014 causing weakness and difficulty lifting her head, localized neurostimulation therapy 6-29-2015, and medications including Naprosyn, topical creams, Gabapentin, Cyclobenzaprine and Omeprazole. On 6-22-2015 the injured worker reported pain being 8 out of 10 which increased with activity and was relieved with "treatment and medication." The physician noted muscle spasm, tenderness and decreased range of motion at the cervical and lumbar spine. The treating physician's plan of care included localized neurostimulation therapy, a cane, medication refills, and a request was submitted for an orthopedic consultation for the cervical and lumbar spine and three bottles of Theramine. Rationale was not provided in the available progress note for these requests, and there is no documentation showing length of time the injured worker may have been using Theramine. These requests were denied on 9-4-2015. The injured worker was off work as of the last note provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

One orthopedic consultation for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Assessment, and Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations, and Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The injured worker is a 46-year-old female with a date of injury of 6/2/2014. There is a history of neck and back pain without radicular manifestations in the upper or lower extremities. There is no neurologic deficit documented. The MRI scan of the lumbar spine dated 10/20/2014 revealed spondylotic changes with 1-2 mm posterior disc bulges at L2-3 and L3-4 without evidence of canal stenosis or neural foraminal narrowing. At L4-5 and L5-S1 2-3 mm broad-based posterior disc protrusions were noted without evidence of canal stenosis or neural foraminal narrowing. An MRI scan of the cervical spine dated 10/21/2014 revealed nonspecific straightening of the normal cervical lordosis with a 2 mm broad-based posterior disc protrusion C3-7 without evidence of canal stenosis or neural foraminal narrowing. The California MTUS guidelines pertaining to the cervical spine indicate referral for surgical consultation for patients who have persistent severe and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long-term and unresolved radicular symptoms after receiving conservative treatment. The guidelines pertaining to the lumbar spine indicate surgical consultation for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear medical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair and failure of conservative treatment to resolve disabling radicular symptoms. In this case, there is no radicular pain or neurologic deficit documented. The imaging studies do not show a surgical lesion in the cervical or lumbar spine and there is no clinical evidence of radiculopathy. As such, surgical consultation is not supported by evidence-based guidelines and the medical necessity of the request has not been substantiated, therefore not medically necessary.

Three bottles of 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, Pain (Chronic): Medical Food (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Chronic Pain, Topic: Medical foods.

Decision rationale: Theramine is a medical food. ODG guidelines indicate that medical foods are not recommended for treatment of chronic pain as they have not been shown to be effective. As such, the request for 3 bottles of Theramine is not supported and not medically necessary.