

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0025048 | | |
| Date Assigned: | 02/17/2015 | Date of Injury: | 08/28/2009 |
| Decision Date: | 04/02/2015 | UR Denial Date: | 01/26/2015 |
| Priority: | Standard | Application Received: | 02/10/2015 |

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: California

Certification(s)/Specialty: Family Practice

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 male who sustained an industrial injury on 8/28/09 involving an industrial exposure resulting in development of sleep disturbances. He currently complains of throbbing back pain with radiation down the leg with pain intensity of 8/10 and knee pain with pain intensity of 9/10. Diagnoses include status post left knee surgery (7/9/14); left knee internal derangement; left knee lower extremity swelling; lumbar disc degeneration. Diagnostics include electromyography and nerve conduction study (8/12/14) noting lumbar spine radiculopathy L4-L5 not excluding S1 greater on right; polysomnographic study (8/09). In the progress note dated 1/12/15 the treating physician ordered chiropractic therapy 2 times a week for 4 weeks for the left foot, bilateral knees and low back; autonomic nervous study and Theramine # 90 the writing was illegible. On 1/26/15 Utilization review non-certified the requests for chiropractic therapy 2 times a week for 4 weeks for the left foot, bilateral knees and low back; autonomic nervous study and Theramine # 90 citing MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 x 4 for left foot, bilateral knees and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: According to the MTUS guidelines, manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The MTUS guidelines recommend a trial of 6 visits for the lumbar spine. The MTUS guidelines do not recommend manipulation for ankle, foot and knee. In this case, the request is for chiropractic therapy 2 x 4 for left foot, bilateral knees and low back. Manipulation is not recommended for the ankle and knee, and the request for 2x4 sessions of manipulation for the lumbar spine exceeds the recommended trial of 6 sessions. The request for chiropractic therapy 2 x 4 for left foot, bilateral knees and low back is not medically necessary.

Autonomic nervous study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 303.

Decision rationale: According to ACOEM guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. In this case, the medical records do not establish evidence of neurologic findings in regards to the lower extremities. Furthermore, the injured worker has undergone prior electrodiagnostic studies in 2012 and the request for repeat studies is not supported. The request for autonomic nervous study 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 ODG, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Theramine.

Decision rationale: According to the Official Disability Guidelines, Theramine is not recommended for the treatment of chronic pain. Theramine is a medical food that contains 5-hydroxytryptophan 95%, choline bitartrate, L-arginine, histidine, L-glutamine, L-serine, gamma-

aminobutyric acid (GABA), whey protein concentrates, grape seed extract 85%, cinnamon, and cocoa (theobromine 6%). The request for Theramine is not supported. The request for Theramine #90 is not medically necessary.