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| Case Number: | CM14-0143641 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 01/08/2014 |
| Decision Date: | 11/12/2014 | UR Denial Date: | 08/25/2014 |
| Priority: | Standard | Application Received: | 09/04/2014 |

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 injured worker is a 65-year-old male who was reportedly injured on 01/08/2014. The last progress report dated 08/12/2014 noted the injured worker reporting occipital/temporal headaches after hitting his head. The injured worker denies loss of consciousness. Neck pain rates 5/10 and lower back pain radiating down the left lower extremity rates 7/10. Examination reveals decreased cervical spine range of motion and a positive Spurling's test. The cervical paraspinal muscles are tender to palpation with associated mild spasm on the right. There is decreased lumbar spine range of motion with paraspinal muscle tenderness. Straight leg raise testing and Braggard's sign are positive on the left. The injured worker is diagnosed with post-traumatic headache, cervical sprain, mild spasm and lumbar sprain. A request was made for theramin #90 and was not certified on 08/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAMIN #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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Theramine; Medical Food

Decision rationale: There has been a Permanent and Stationary Impairment rating determination by a physician who on 5/20/14 stated that the injured worker has suffered the industrial injury as an overlay on preexisting cervical and lumbar degenerative disc disease. The injured worker has undergone Neurologic examination on 6/9/14 with [REDACTED] who found no neurologic deficits. The claimant has post traumatic headache, cervical strain and lumbar sprain. There is a request for Theramine, a medical food. There are no randomized clinical trials to support the efficacy of the Theramine as requested. Official Disability Guidelines (ODG), an evidence based guideline, does not support the use of Theramine. ODG section on Medical foods discusses each of the individual components of Theramine (such as GABA, Choline, etc.) none of which are supported individually. There are no diagnoses proposed for which nutritional supplementation would be indicated. Therefore the request for Theramine #90 is not medically necessary.