

Case Number:	CM15-0105144		
Date Assigned:	06/09/2015	Date of Injury:	10/13/2010
Decision Date:	07/15/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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: Connecticut, California,

Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old male who sustained an industrial injury on October 13, 2010. He has reported low back pain radiating to the left lower extremity and has been diagnosed with low back radiculopathy. Treatment has included rest, therapy, injection, a TENS unit, and medications. Lumbar range of motion showed flexion at 35 degrees, extension at 10 degrees, right lateral flexion at 15 degrees, left lateral flexion at 15 degrees. There was tenderness to palpation along the lumbar spine. There were palpable spasms along the paravertebral muscles of the lumbar spine bilaterally. Straight leg raise was positive on the left and negative on the right. The treatment request included Theramine Cap # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine Cap #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 Pain Chapter (Online Version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter.

Decision rationale: The MTUS does not address the use of medical foods in treatment of chronic pain, and therefore the Official Disability Guidelines provide the preferred mechanism for assessing clinical necessity in this case. The ODG states that medical foods are not recommended for treatment in chronic pain. Because the use of medical foods is not recommended by the guidelines, the request for Theramine in this case is not medically necessary.