

<b>Case Number:</b>	CM15-0111574		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	06/24/2009
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 40 year old female sustained an industrial injury on 6/24/09. She subsequently reported back pain. Diagnoses include lumbar radiculitis and lumbago. Treatments to date include MRI and x-ray testing, H-wave therapy, physical therapy and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, there was antalgic gait and tenderness to palpation of the lumbar spine. A request for Kyani Supplement, quantity unspecified was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kyani Supplement, quantity unspecified:** 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 Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Medical Food Supplement.

**Decision rationale:** The CA MTUS did not address the use of medical food supplements. The ODG guidelines did not recommend the utilization of medical food supplements without documentation of evidence of nutritional deficiency. The records did not show evidence of nutritional deficiency. The Kyani supplement was noted be a mixture of multiple fruit juices in unspecified concentration. The criteria for the use of Kyani supplement was not met. The request is not medically necessary.