

Case Number:	CM13-0034663		
Date Assigned:	12/11/2013	Date of Injury:	01/13/2005
Decision Date:	01/29/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, 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 physician 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 patient is a 53-year-old female who reported an injury on 01/13/2005. The patient was recently seen by [REDACTED] on 07/19/2013. Physical examination revealed normal findings. The patient is currently diagnosed with chronic pain syndrome, gastroesophageal reflux disease, dyspepsia, constipation, depression with anxiety, obesity, sleep disorder, and sexual dysfunction. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Probiotics for treatment of irritable bowel syndrome (IBS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 28-29, 65.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23-27.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for abdominal disorders, a relatively detailed history of the patient's complaints and environmental or occupational exposure is recommended. As per the clinical notes submitted, the patient sustained a right shoulder injury on 01/13/2005 secondary to a fall. The patient's latest progress report dated 07/19/2013 did not mention any gastrointestinal events. The patient's physical examination

was unremarkable. Laboratory studies were unremarkable with the exception of possible hypothyroidism. The medical necessity for the requested medication has not been established. As such, the request is non-certified.