

<b>Case Number:</b>	CM13-0068716		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/08/2009
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 General Surgery, 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 42-year-old male who reported an injury on 1/8/09 after a fall. He is diagnosed with constipation, pelvic floor dysfunction, Barrett's esophagus, and esophageal reflux. A 9/18/13 office note indicates that the patient had symptoms of abdominal pain, bloating, constipation, and rectal bleeding. His current symptoms include bloating and epigastric abdominal pain. A treatment plan was noted for the repeat endoscopy in one year, new prescriptions for Carafate and Pepcid, biofeedback for constipation and pelvic floor dysfunction, and Amitiza for constipation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for gastric electrical stimulation (GES) for nausea, bloating, and abdominal pain (if normal, Barostat; if delayed, then antroduodenal manometry): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation McCallum, R.W., Lin, Z., Forster, J., Roeser, K., Hou, Q., & Saosiek, I. (2011). Gastric electric stimulation improves outcomes of patients with gastroparesis for up to 10 years. *Clinical Gastroenterology and Hepatology*, 9(4), 314-319.

**Decision rationale:** According to a 2011 McCallum study, gastric electrical stimulation therapy significantly improved subjective and objective parameters in patients with severe gastroparesis. The efficacy of this treatment was sustained for up to 10 years and was accompanied by good safety and tolerance profiles. The clinical information submitted for review failed to provide detailed information regarding the request for gastric electrical stimulation. The patient does not have a current diagnosis listed of gastroparesis. Therefore, it is unclear why this treatment is being requested for this patient. In the absence of more updated clinical information including an indication for GES, the request is not supported. As such, the request is non-certified.

**The request for three biofeedback sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24-25.

**Decision rationale:** According to the California MTUS guidelines, biofeedback is not recommended as a standalone treatment, but as an option in cognitive behavioral therapy program to facilitate exercise therapy and return to activity. The guidelines further state that an initial trial of 3-4 visits may be recommended, with up to 6-10 recommended with evidence of objective function improvement. The clinical information submitted for review indicated the patient was previously approved for three biofeedback visits. However, notes from this treatment were not provided in order to establish objective functional gains. In the absence of documentation of functional improvement, additional biofeedback sessions are not supported. As such, the request is non-certified.