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| Case Number: | CM14-0111209 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 02/19/2009 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 06/19/2014 |
| Priority: | Standard | Application Received: | 07/16/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 63-year-old gentleman was reportedly injured on February 19, 2009. The most recent progress note, dated May 14, 2014, indicated that there were ongoing complaints of dyspnea on exertion. There was a history of prostate cancer, head trauma, dermatitis, and sleep apnea. The physical examination demonstrated the lungs were clear to auscultation and an irregular heart rhythm. Diagnostic imaging studies were not reviewed during this visit. Previous treatment was unknown. A request had been made for probiotics, aspirin 81 mg, a sleep study, and an ophthalmology consult and was not certified in the pre-authorization process on June 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Probiotics Quantity 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Patel A, Shah N, Prajapati JB. Clinical Appliance of Probiotics In The Treatment of Helicobacter Pylori Infection- A Brief Review. J Microbiol Immunol Infect. 2013 Jun 8, pii:51584-1182(13)00063-7. Whelan K, Quigley EM. Probiotics In The Management of Irritable Bowel Syndrome and Inflammatory Bowel Disease. Curr Opin Gastroenterol. 2013 Mar; 29(2):184-9.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation <http://nccam.nih.gov/health/probiotics/introduction.htm>

Decision rationale: Probiotics are live microorganisms found naturally in the human body that may be beneficial to help. This request for probiotics is nonspecific and does not specify which probiotics are requested or what is intended to be treated. As such, this request for Probiotics is not medically necessary.

ASA 81 MG Quantity 45: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US Preventive Services Task Force

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682878.html>

Decision rationale: Aspirin is used to help prevent blood clots that can often occur secondary to atrial fibrillation that the injured employee has been diagnosed with. Considering this, the request for Aspirin 81 mg is medically necessary.

Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Morin CM, Belleville G, Belanger L, Ivers H. The Insomnia Severity Index: Psychometric Indicators To Detect Insomnia Cases and Evaluate Treatment Response. *Sleep*. 2011 May 1; 34(5):6018. Rod NH, Vahtera J, et al. Sleep Disturbances and Cause Specific Mortality: Results from the GAZEL Cohort Study. *Am J Epidemiol*. 2011 Feb 1; 173(3):300-9.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation (ODG): Pain, Polysomnography, Updated October 6, 2014.

Decision rationale: The injured employee has already had a prior sleep study and the diagnosis of sleep apnea. Considering this, it is unclear why there is another request for a sleep study. Without further justification, this request for a Sleep Study is not medically necessary.

Ophthalmology Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Chapter 7 Page 503.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Guidelines, 2nd edition, Chapter 7 - Independent Medical

Decision rationale: It is unclear from the attached medical records what symptoms or condition is intended to be treated with an ophthalmology consultation. Without further justification and clarification, this request for an Ophthalmology Consultation is not medically necessary.