

Case Number:	CM14-0125842		
Date Assigned:	08/13/2014	Date of Injury:	04/15/2003
Decision Date:	09/11/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/08/2014

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 Internal Medicine and is licensed to practice in New York. 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 patient is a 48 year old female who sustained an industrial injury on 04/15/2003. The mechanism of injury was not provided for review. Her diagnoses include cervical disc disease-s/p C4-C6 fusion, carpal tunnel syndrome of the left wrist s/p surgery x 2, reflex sympathetic dystrophy of the left upper extremity and industrial related IBS. Per the review she has continued post-prandial diarrhea resulting in 1-4 bowel movements per day. She has a history of colonic polyps. Testing to date has been negative. The treating provider has requested a test for small intestinal bacterial overgrowth.

IMR ISSUES, DECISIONS AND RATIONALES

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

Small Intestinal Bacterial Overgrowth test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dig Dis Sci. 2008 June 53(6):1443-54 A systematic review of diagnostic tests for small intestinal bacterial overgrowth.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2013: Bacterial Overgrowth Syndrome.

Decision rationale: There is no specific indication for the requested study. Bacterial overgrowth syndrome (BOS) is a term that describes clinical manifestations that occur when the normally low number of bacteria that inhabit the stomach, duodenum, jejunum, and proximal ileum significantly increases or becomes overtaken by other pathogens. Bacterial overgrowth syndrome (BOS) diagnostic testing should include a workup for diarrhea, anemia, and malabsorption. No specific symptoms are pathognomonic for bacterial overgrowth syndrome (BOS). Nonetheless, various nonspecific GI symptoms are common in affected individuals. Disorders or structural abnormalities that disrupt the protective mechanisms that guard against increasing bacterial burden can lead to bacterial overgrowth syndrome. Patients with the following medical conditions are at increased risk for bacterial overgrowth syndrome: -History of upper intestinal tract surgery- Irritable bowel syndrome- Liver cirrhosis- Celiac disease- Immune deficiency (eg, AIDS, IGA deficiency, severe malnutrition)- Short bowel syndrome- End stage renal disease -Gastrojejunal anastomosis- Vagotomy, but not selective parietal cell vagotomy- Antral resection- Pancreatic exocrine insufficiency . Hydrogen breath tests are based on the fact that in humans hydrogen is exclusively produced by intestinal bacteria, most notably by anaerobic bacteria in the colon of healthy people and also in the small intestine in the case of bacterial overgrowth syndrome. Preoral glucose or lactulose challenge is given before performing hydrogen breath tests. Bacteria ferment malabsorbed carbohydrates. Fermentation releases hydrogen gas that is absorbed and excreted by the lungs. Under normal conditions, fermenting bacteria reside in the colon. In bacterial overgrowth syndrome, the exhaled hydrogen concentration rises early, corresponding to small intestinal bacteria fermentation of carbohydrates. Under such conditions, a later rise in exhaled hydrogen may also be detected during large bowel fermentation. The claimant has industrial related irritable bowel syndrome with continued diarrhea but there is no documentation of the studies obtained to date. Treatment in bacterial overgrowth syndrome (BOS) should include correction of primary underlying disease if any, including antibiotic therapy and nutritional support. The primary approach should be the treatment of any disease or anatomic defect that potentiated bacterial overgrowth. Medical necessity for the requested item has not been established. The requested item is not medically necessary.