

Case Number:	CM15-0193033		
Date Assigned:	10/08/2015	Date of Injury:	10/04/2012
Decision Date:	11/25/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	10/01/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 30 year old woman sustained an industrial injury on 10-4-2012. Diagnoses include Lyme disease, encephalopathy, small bowel intestinal overgrowth, and bartonella. Treatment has included oral medications. Physician notes on a PR-2 dated 7-15-2015 show complaints of abdominal pain, abnormal and impaired memory, fatigue, and small intestine bacterial overgrowth. The physical examination shows "small bowel bacterial overgrowth" and "memory abnormal" without further details. Recommendations include under new lyme physician, occupational and physical therapies, psychological consultation, and neuropsychological evaluation. Utilization Review denied a request for ultraviolet light treatment on 9-1-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultraviolet Light Treatment related to Submitted diagnosis of Lyme disease, Encephalopathy, Bartonella, and SIBO: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Infectious Diseases (updated 06/08/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Honigsmann H, et al, UVB therapy (broadband and narrowband), Topic 13745, version 6.0, Up-To-Date, accessed 11/22/2015, Krutmann J, et al. UVA1 phototherapy, Topic 91676, version 3.0, Up-To-Date, accessed 11/22/2015, Hu L, et al. Treatment of Lyme disease, Topic 7896, version 15.0, Up-To-Date, accessed 11/22/2015, Spach DH, et al. Clinical features, diagnosis, and treatment of Bartonella quintana infections. Topic 5517, version 11.0, Up-To-Date, accessed 11/22/2015. Chalela, JA, et al. Acute toxic-metabolic encephalopathy in adults, Topic 1661, version 7.0, Up-To-Date, accessed 11/22/2015, Pimentel M, et al. Treatment of small intestinal bacterial overgrowth, Topic 4778, version 12.0, Up-To-Date, accessed 11/22/2015.

Decision rationale: Ultraviolet light is a specific type of light that is used in a variety of treatments. The MTUS Guidelines are silent on this issue. Ultraviolet B and A1 therapies are most commonly used for certain severe skin conditions. The literature also supports the use of ultraviolet A1 therapy in the treatment of a specific type of lymphoma that affects the skin and systemic sclerosis and scleroderma (an autoimmune condition that affects many different organ systems in the body). There currently is insufficient vigorous research to support ultraviolet light therapy in the treatment of Lyme disease, Bartonella, small intestine bacterial overgrowth, or encephalopathy. The MTUS Guidelines in general support those treatments for which there is reasonable medical evidence of benefit with limited risk of complications and negative side effects. The submitted and reviewed documentation indicated the worker was experiencing abdominal pain, fatigue, and problems remembering things. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for ultraviolet light treatment related to Lyme disease, encephalopathy, Bartonella, and SIBO is not medically necessary.