

<b>Case Number:</b>	CM15-0050516		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	06/05/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 49-year-old female with an industrial injury dated November 11, 2011. The injured worker diagnoses include cervical intervertebral disc displacement without myelopathy, brachial neuritis or radiculitis, carpal tunnel syndrome, lumbar intervertebral disc displacement without myelopathy and neuritis/radiculitis thoracic/lumbosacral. Treatment consisted of diagnostic studies, prescribed medications, home exercise therapy and periodic follow up visits. In a progress note dated 01/31/2015, the injured worker presented with complaints of lumbar, right sacroiliac, right buttock, right posterior leg, right posterior knee, right calf, right ankle, right foot, left anterior wrist, left anterior hand, and cervical pain. The treating physician prescribed Probiotics now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Probiotics #60 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD, Probiotics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Benefits of Probiotics Reviewed, <http://www.medscape.org/viewarticle/583117>.

**Decision rationale:** The injured worker sustained a work related injury on November 11, 2011. The medical records provided indicate the diagnosis of cervical intervertebral disc displacement without myelopathy, brachial neuritis or radiculitis, carpal tunnel syndrome, lumbar intervertebral disc displacement without myelopathy and neuritis/radiculitis thoracic/lumbosacral. Treatment consisted of diagnostic studies, prescribed medications; home exercise therapy and periodic follow up visits. The medical records provided for review do not indicate a medical necessity for Probiotics #60 with 2 refills. Both the MTUS and the Official Disability Guidelines are silent on the topic. Medscape recognizes it as microorganisms that may be helpful for antibiotic-associated diarrhea, infectious diarrhea, irritable bowel syndrome, and atopic dermatitis in at-risk infants. The records reviewed do not indicate the injured worker has been diagnosed of any of the above conditions. Therefore, the request is not medically necessary.