

Case Number:	CM14-0097979		
Date Assigned:	07/28/2014	Date of Injury:	12/27/2008
Decision Date:	09/17/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/26/2014

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, has a subspecialty in Pulmonary Disease and is licensed to practice in California. 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 injured worker is a 62-year-old female who reported an injury on 12/27/2008 due to tripping over an elevator. The injured worker has diagnoses of cervical spine disc disease, cervical radiculopathy, left shoulder impingement syndrome, status post left shoulder arthroscopy, bilateral carpal tunnel syndrome, lumbar spine disc disease, lumbar radiculopathy, right foot internal derangement, insomnia secondary to industrial injury and pain, gastro esophageal reflux, disc protrusion at L4-5 and L5-S1 with mild bilateral neural foraminal stenosis, bilateral lower extremity lumbar radiculopathy, facet arthropathy at L3 through S1 bilaterally, disc protrusion at C5-6 with bilateral neural foraminal stenosis and mild to moderate chronic left sided radiculopathy at C6-7. The injured worker's physical medical treatment includes a home exercise program, biking, swimming, stretching/strengthening program for core stabilization and medication therapy. Medications include psychotropic pain medication, narcotic medication, NSAIDs, antispasmodic medications and muscle relaxants. It does not specify what medications, dosage, frequency, or duration. A urinalysis was submitted on 02/18/2014 revealing that the injured worker was within compliance of their prescription medications. The injured worker underwent left shoulder arthroscopy in 01/2011. The injured worker complained of intermittent pain in the neck that she rated at 8/10 which radiated into the bilateral upper extremities. The injured worker also complained of intermittent pain in the mid back which she rated at 6/10. The injured worker also stated that she had intermittent pain in the left shoulder which she rated at an 8/10 which she described as numbness and tingling. Physical examination dated 06/04/2014 revealed that the injured worker's cervical spine had positive Spurling's and Hoffmann's test on the left and negative on the right. Cervical compression test is positive bilaterally although remaining orthopedists were negative bilaterally. Sensory

examination in the upper extremities revealed diminished sensation over the left C6 and C7 dermatomes. Deep tendon reflexes were +1 at the brachioradialis and triceps on the left. The treatment is for the injured worker to start a probiotic. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Probiotics #60: 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 Other Medical Treatment Guideline or Medical Evidence: Drugs.com, (Probiotics).

Decision rationale: The request for Probiotics #60 is not medically necessary. The California MTUS and Official Disability Guidelines do not provide evidence to support the use of Probiotics as medical treatment. Probiotics are bacteria that help maintain the natural balance of organisms in the intestines. There was no rationale or medical justification provided in the submitted report subsequent to this request. Additionally, it should be noted in the submitted report that the injured worker had trialed or was intolerant to first line therapy proton pump inhibitors such as Omeprazole or Pantoprazole, to substantiate the request for probiotics. Furthermore, the report did not indicate current gastrointestinal symptoms other than constipation and the injured worker was instructed to avoid NSAIDs. Based on this discussion, the medical necessity for probiotics is not medically necessary. Therefore, the request for a probiotic is not medically necessary.