

Case Number:	CM14-0101489		
Date Assigned:	07/30/2014	Date of Injury:	03/04/2005
Decision Date:	06/18/2015	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/01/2014

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. 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: North Carolina

Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial injury on 3/4/2005. He reported pain in his left knee and lower back due to falling. Diagnoses have included diabetes mellitus secondary to chronic pain and weight gain, gastroesophageal reflux disease, erectile dysfunction and obstructive sleep apnea (OSA). Treatment to date has included physical therapy, surgery and medication. According to the progress report dated 6/11/2014, the injured worker was scheduled for left knee surgery but it was cancelled. Objective findings revealed regular heart rate and a soft abdomen. Authorization was requested for a prescription of VSL #3 probiotic #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

VSL #3 Probiotic, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, medical food.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states a medical food for the specific dietary management for a disease or condition for which specific and distinctive nutritional requirements based on recognized scientific principle are established by medical evaluation to be of benefit. The requested medical food does not meet these criteria and therefore is not medically necessary.