

Case Number:	CM14-0209811		
Date Assigned:	12/22/2014	Date of Injury:	04/03/2007
Decision Date:	02/18/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/15/2014

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 57-year-old female with date of injury of 04/03/2007. The listed diagnoses from 10/14/2014 are: 1. Gastroesophageal reflux disease, secondary to NSAIDs. 2. Constipation. 3. Obstructive sleep apnea. 4. Diffuse liver disease. 5. Elevated liver function test. 6. Hypertension. 7. Diabetes mellitus. According to this report, the patient reports no change in her acid reflux, sleep quality, hypertension, diabetes, and constipation. She continues to report chest pain, shortness of breath, and abdominal pain. The patient also complains of headaches, dizziness, tiredness, and notes 1 episode of fainting. The examination shows the patient is oriented and pleasant. The patient's blood pressure is 125/82 with a blood glucose level of 82 mg/dL fasting. The patient shows exhibit signs of obesity. No clubbing, cyanosis, or edema noted in the extremities. No other findings were noted on the physical examination. The treatment reports from 09/12/2014 to 10/14/2014 were provided for review. The utilization review denied the request on 12/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Probiotics #60 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Health NCAM

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter on Medical Food

Decision rationale: This patient presents with chest pain, shortness of breath, and abdominal pain. The treater is requesting Probiotics quantity 60 with 2 refills. The MTUS and ACOEM Guidelines do not address this request; however, ODG states on medical food states that it is intended for a specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. To be considered, the product must meet the following criteria: 1) The product must be a food for oral or tube feeding; 2) The product must be labeled for dietary management of a specific medical disorder; 3) The product must be used under medical supervision. The records do not show a history of probiotic use. The treater does not discuss the need for probiotics. Given that the requested probiotics does not meet the criteria by the ODG Guidelines for medical food, the request is not medically necessary.

2D Echo with Doppler: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes: Braunwald's Heart Disease

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: Merck Manual on Echocardiography

Decision rationale: This patient presents with chest pain, shortness of breath, and abdominal pain. The treater is requesting 2D Echo with doppler. The Merck Manual states that echocardiography helps assess heart wall thickness (eg. in hypertrophy or atrophy) and motion and provides information about ischemia and infarction. The records show that the patient received a 2D Echo Doppler, date unknown, that showed normal ejection fraction of 55-60%. Normal left ventricular size with preserved systolic function. The 10/14/2014 report notes that the patient continues to complain of chest pain and shortness of breath. The patient does have a history of hypertension and fainting. In this case, the patient does not present with new symptoms, new injury or trauma that would warrant the need for 2D Echo Doppler. The request is not medically necessary.

MRI of brain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter on MRI

Decision rationale: This patient presents with chest pain, shortness of breath, and abdominal pain. The treater is requesting an MRI of the brain. The ODG Head Chapter on MRI states: "Magnetic Resonance Imaging (MRI) is a well-established brain imaging study in which the individual is positioned in a magnetic field and a radio-frequency pulse is applied. Indications for magnetic resonance imaging: to determine neurological deficits not explained by CT; to evaluate prolonged interval of disturbed consciousness." The records do not show any previous MRI of the brain. The treater does not discuss the rationale behind the request. The 10/14/2014 report notes that the patient has ongoing complaints of headaches, dizziness, tiredness and episodes of fainting. No other neurological findings were noted on the report. In this case, the patient does not meet the requirements set by ODG for an MRI of the brain. The request is not medically necessary.

Carotid Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mettler: Essentials of Radiology 2nd ed. Chapter 5- Cardiovascular System

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: Mayoclinic.org

Decision rationale: This patient presents with chest pain, shortness of breath, and abdominal pain. The treater is requesting Carotid Ultrasound. Mayoclinic.org considers this test necessary for evaluation of HTN, DM, high cholesterol, family history of stroke or heart disease, recent TIA, or abnormal sound in carotid arteries heard by the doctor. The records do not show any previous carotid ultrasound. The treater does not discuss why a carotid ultrasound is needed for the patient. The 2D Echo noted on the 08/28/2014 report showed normal ejection fraction of 55-60%. Normal left ventricular size with preserved systolic function. No stroke or cardiac risk factors are discussed. In this case, the patient does not meet the criteria for a carotid ultrasound. The request is not medically necessary.