

Case Number:	CM15-0115452		
Date Assigned:	06/23/2015	Date of Injury:	11/21/2012
Decision Date:	10/19/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/15/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43 year old woman sustained an industrial injury on 11/21/2012. The mechanism of injury is not detailed. Diagnoses include abdominal pain, acid reflux rule out ulcer or anatomical alteration, constipation, bright red blood per rectum rule out hemorrhoids secondary to constipation, shortness of breath, sleep disorder rule out obstructive sleep apnea, orthopedic diagnoses, and psychiatric diagnoses. Treatment has included oral medications. Physician notes on a PR-2 dated 5/7/2015 show improved shortness of breath, improved abdominal pain, improved constipation, improved acid reflux, and improved sleep quality. Recommendations include upper gastrointestinal series, chest x-ray, H. pylori breath test, abdominal ultrasound, pulmonary function testing, Nexium, Gaviscon, Miralax, Colace, Simethicone, Probiotics, avoid NSAIDS, orthopedic consultation, orthopedic spine specialists consultation, physical therapy, sleep hygiene, and follow up in three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Upper GI series: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cooper GS1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

http://www.hopkinsmedicine.org/healthlibrary/test_procedures/gastroenterology/upper_gastrointestinal_series_92,P07701/.

Decision rationale: Upper GI Series: Regarding the request for upper GI series, there is not specific guidelines from ACOEM or CA MTUS, therefore, Johns Hopkins medicine website is quoted. It states that an upper GI series may be performed to diagnose structural or functional abnormalities of the esophagus, stomach, and duodenum. These abnormalities may include, but are not limited to: Ulcers. Ulcers may be gastric (stomach) or enteric (duodenum); Gastro-esophageal reflux disease (GERD); Inflammation (esophagitis, gastritis, or duodenitis) or infection; Benign tumors. Nonmalignant; Cancer. Structural problems, such as diverticula, strictures, or polyps (growths). Hiatal hernia. Upward movement of the stomach, either into or alongside the esophagus. Dysphagia. Difficulty swallowing. Motility disorders. Difficulty moving foods through the pharynx or esophagus; Chest and/or abdominal pain; Unexplained vomiting and/or indigestion; Bloody bowel movements. Within the submitted documentation, the patient has complaints of abdominal pain. However, the patient did not have any remarkable findings on abdominal exam and no complaints relating to dyspepsia. Furthermore, there is no mention of what conservative treatment the patient has tried and failed to warrant further workup of abdominal pain. As such, the currently requested upper GI series is not medically necessary.

Chest X-ray: 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), Pulmonary, Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Chapter, Chest X-ray topic and Other Medical Treatment Guidelines

http://www.hopkinsmedicine.org/healthlibrary/test_procedures/cardiovascular/chest_x-ray_92,P07746/.

Decision rationale: Regarding the request for chest x-ray, the ODG states the following:

"Recommended if acute cardiopulmonary findings by history/physical, or chronic cardiopulmonary disease in the elderly (> 65). Routine chest radiographs are not recommended in asymptomatic patients with unremarkable history and physical. A chest x-ray is typically the first imaging test used to help diagnose symptoms such as: shortness of breath, a bad or persistent cough, chest pain or injury and fever. (McLoud, 2006)" Further clarification can be found from the Johns Hopkins Medicine website: states that chest X-rays may be used to assess heart, ribs, and lungs. Changes in the normal structure of the heart, lungs, and/or lung vessels may indicate disease or other conditions. Conditions that may be assessed with a chest X-ray include, but are not limited to, the following: heart enlargement (which can occur with congestive heart failure), pericardial effusion, Pleural effusion, pneumothorax (collapsed lung) and hemothorax (blood in the lung cavity), pneumonia, persistent cough, aneurysms, bone

fractures, calcification of heart, tumors or cancer, granulomas found in diseases such as tuberculosis and sarcoidosis, herniation of the diaphragm, pulmonary edema. Other reasons for performing a chest X-ray may include: As part of the physical assessment before hospitalization and/or surgery or as part of a complete physical examination, to assess symptoms of conditions related to the heart or lungs, to assess progression of a condition and/or effectiveness of treatments, to check the position of implanted pacemaker wires and other internal devices, to check status of lungs and chest cavity after surgery, to check for rib fractures or bone abnormalities. Within the submitted documentation, the patient has no subjective complaints of cough or respiratory symptoms. Additionally, the patient did not have any remarkable findings on lung and cardiac exam. Furthermore, there is no mention of what conservative treatment the patient has tried and failed to warrant further workup with chest x-ray. Lastly, the provider did not explain how the chest x-ray will change the management of this patient's symptoms. As such, the currently requested study is not medically necessary.

H Pylori breath test: 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), Pulmonary, Online Version, as the website www.ncbi.nlm.nih.gov/pubmed/15747534.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.questdiagnostics.com/testcenter/testguide.action?dc=TS_Hpylori_UBiT.

Decision rationale: Regarding the request for H pylori urea breath test, there is not specific guidelines from ACOEM or CA MTUS, therefore, an alternative source is quoted. It states that H pylori urea breath test is indicated for diagnose H pylori infection and therapeutic monitoring and documentation of eradication in patients with H pylori infection. Within the submitted documentation, the patient has complaints of abdominal pain. However, the patient did not have any symptomatic complaints or objective findings to suggest peptic ulcer disease. Furthermore, there is no mention of what conservative treatment the patient has tried and failed to warrant further workup of abdominal pain. As such, the currently requested H pylori urea test is not medically necessary.

Pulmonary function test: 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), Pulmonary Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Chapter , PFT Topic and Other Medical Treatment Guidelines <http://www.uptodate.com/contents/overview-of-pulmonary-function-testing-in-adults?source=machineLearning&search=pulmonary+function+tests&selectedTitle=1~150§ionRank=2&anchor=H335493654#H335493654>.

Decision rationale: Regarding the request for pulmonary function test, the ACOEM or CA MTUS do not address this issue. Therefore, the ODG Pulmonary Chapter is cited which states: "Recommended as indicated. Separated into simple spirometry and complete pulmonary function testing. The simple spirometry will measure the forced vital capacity (FVC) and provides a variety of airflow rates such as the forced expiratory volume in one second (FEV1) and the forced expiratory flow between 25-75% of the total exhaled volume (FEF25-75). The complete pulmonary function test (PFT) adds tests of the lung volumes and the diffusing capacity for carbon monoxide (DLCO). Lung volumes can be assessed by traditional methods or by using plethysmography, requiring the use of a body box. The latter test can also test for airflow resistance and conductance. Other tests of pulmonary function useful in asthma include the spirometry before and after the use of a bronchodilator or after the use of a bronchoconstrictor (generally followed by a bronchodilator). The use of a bronchoconstricting agent is termed "bronchoprovocation" and commonly used agents include chemical agents (acetylcholine, methacholine, and putative occupational chemical exposures), physical agents (cold air, dry air), and exercise. (Birnbaum, 2007) Also useful in asthmatics is the use of peak flow meters to determine the presence of asthma, the response to treatment, and exacerbations of asthma. Recommended in asthma. (NHLBI, 2007) In other lung diseases, it can be used to determine the diagnosis and provide estimates of prognosis. In these diseases, the complete PFT is utilized and, on occasions, incorporates pulmonary exercise stress testing. Recommended for the diagnosis and management of chronic lung diseases. (NHLBI/WHO, 2007) Lastly, it is recommended in the pre-operative evaluation of individuals who may have some degree of pulmonary compromise and require pulmonary resection or in the pre-operative assessment of the pulmonary patient. (Colice, 2007) (Brunelli, 2007)" Further guidelines can be found on UptoDate Online, an evidence based database. This website states that indications for pulmonary function tests (PFTs) include: evaluation of symptoms such as chronic persistent cough, wheezing, dyspnea, and exertional cough or chest pain, objective assessment of bronchodilator therapy, evaluation of effects of exposure to dusts or chemicals at work, risk evaluation of patients prior to thoracic or upper abdominal surgery, objective assessment of impairment or disability, monitoring disease course and response to therapy. Within the submitted documentation, the patient has subjective complaint of shortness of breath. However, the patient did not have any remarkable findings on lung and cardiac exam to suggest obstructive or restrictive lung disease. Furthermore, there is no mention of what conservative treatment the patient has tried and failed to warrant further workup with PFT. Lastly, the provider did not explain how the PFT will change the management of this patient's symptoms. As such, the currently requested study is not medically necessary.

Abdominal ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website www.ncbi.nlm.nih.gov/pubmed/8652992.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aium.org/resources/guidelines/abdominal.pdf>.

Decision rationale: Regarding the request for abdominal ultrasound, there is not specific guidelines from ACOEM or CA MTUS, therefore, an alternative source is quoted. It states that indications for an ultrasound examination of the abdomen and/or retroperitoneum include but are not limited to: A. Abdominal, flank, and/or back pain. B. Signs or symptoms that may be referred from the abdominal and/or retroperitoneal regions such as jaundice or hematuria. C. Palpable abnormalities such as an abdominal mass or organomegaly. D. Abnormal laboratory values or abnormal findings on other imaging examinations suggestive of abdominal and/or retroperitoneal pathology. E. Follow-up of known or suspected abnormalities in the abdomen and/or retroperitoneum. F. Search for metastatic disease or an occult primary neoplasm. G. Evaluation of suspected congenital abnormalities. H. Abdominal trauma. I. Pretransplantation and posttransplantation evaluation. J. Planning for and guiding an invasive procedure. K. Searching for the presence of free or loculated peritoneal and/or retroperitoneal fluid. L. Suspicion of hypertrophic pyloric stenosis or intussusceptions. M. Evaluation of a urinary tract infection. An abdominal and/or retroperitoneal ultrasound examination should be performed when there is a valid medical reason. There are no absolute contraindications. Within the submitted documentation, the patient has complaints of abdominal pain. However, the patient did not have any remarkable findings on abdominal exam. Furthermore, there is no mention of what conservative treatment the patient has tried and failed to warrant further workup of abdominal pain. Lastly, the provider did not explain how the abdominal ultrasound will change the management of this patient's symptoms. As such, the currently requested abdominal ultrasound is not medically necessary.

Physical therapy for the lumbar spine, three times weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

Nexium 40 mg, thirty count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Regarding the request for Nexium, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is indication that the patient has complaints of abdominal pain. However, there is no documentation of dyspepsia. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with Nexium (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested Nexium is not medically necessary.

Gaviscon, quantity of one with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/520658.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.uptodate.com/contents/clinical-manifestations-diagnosis-and-treatment-of-non-acid-reflux?source=machineLearning&search=gaviscon&selectedTitle=3~6§ionRank=2&anchor=H9#H9>.

Decision rationale: Regarding the request for Gaviscon, there is not specific guidelines from ACOEM or CA MTUS, therefore, an alternative source is quoted. It states that Gaviscon is a non-prescription medicine, which is taken orally to treat heartburn and gastroesophageal reflux disease (GERD). [1] The three active ingredients included are sodium alginate, a bicarbonate, and an antacid. Sodium alginate, which is derived from seaweed, forms a surface gel that creates a physical barrier against regurgitation of gastric contents and protects the esophageal mucosa. Studies comparing its efficacy on symptoms and esophageal acid exposure with other available treatments have produced conflicting results. It currently is used infrequently in the treatment of GERD. A preparation available in the United States (Gaviscon) also contains an antacid and is used for the temporary relief of heartburn in adults. Within the submitted documentation, the patient has complaints of abdominal pain. However, there is lack of subjective complaints of dyspepsia, and lack of exam findings supporting the diagnosis of acid reflux. As such, the currently requested Gaviscon is not medically necessary.

Miralax 17 g with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. CharFormat Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/1843963.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC].

Decision rationale: With regard to this medication request, the Chronic Pain Medical Treatment Guidelines do recommend prophylactic laxative and stool softener agents for any patient on opioid therapy. Opioids are well known to cause constipation commonly as a side effect. Within the documentation available for review, there is no indication that the patient is currently using opioid medication. As such, the currently requested Miralax is not medically necessary.

Colace 100 mg, sixty count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC].

Decision rationale: With regard to this medication request, the Chronic Pain Medical Treatment Guidelines do recommend prophylactic laxative and stool softener agents for any patient on opioid therapy. Opioids are well known to cause constipation commonly as a side effect. Within the documentation available for review, there is no indication that the patient is currently using opioid medication. As such, the currently requested Colace is not medically necessary.

Simethicone 80 mg, ninety count with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/PMHT0012122/Preport=details.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.uptodate.com/contents/simethicone-drug-information?source=search_result&search=simethicone&selectedTitle=1~33#F221160.

Decision rationale: Regarding the request for Simethicone, there is not specific guidelines from ACOEM or CA MTUS, therefore, an alternative source is quoted. It states that indications for the treatment of gas retention: relief of pressure, bloating, fullness, and discomfort of gastrointestinal gas. Within the submitted documentation, there is no complaints regarding gas retention, and no exam findings supporting this diagnosis. As such, this medication is not medically necessary.

Probiotics, sixty count with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/21069673.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://cid.oxfordjournals.org/content/46/Supplement_2/S96.long.

Decision rationale: Regarding the request for probiotics, CA MTUS and ODG do not address the issue. A search of the National Library of Medicine and other online resources reveals that "Proven benefits of probiotics include the treatment of acute and antibiotic-associated diarrhea; applications with substantial evidence include the prevention of atopic eczema and traveler's diarrhea; promising applications include the prevention of respiratory infections in children, prevention of dental caries, elimination of nasal pathogen carriage, prevention of relapsing *C. difficile*-induced gastroenteritis, and treatment of inflammatory bowel disease; and proposed future applications include the treatment of rheumatoid arthritis, treatment of irritable bowel syndrome, cancer prevention, prevention of ethanol-induced liver disease, treatment of diabetes, and prevention or treatment of graft-versus-host disease. The use of probiotics in medical practice is rapidly increasing, as are studies that demonstrate the efficacy of probiotics. A note of caution should be applied: negative findings are being reported, as would be expected as more studies are being performed and as more applications are being sought for the use of probiotics." Within the documentation available for review, there is no clear identification of the condition(s) for which the probiotics are being utilized and evidence-based support for the use of probiotics in the management of that/those condition(s). In the absence of clarity regarding the above issues, the currently requested probiotics are not medically necessary.

Consultation with an orthopedic spine specialist for the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: In regards to the request for orthopedic consultation, the ACOEM Practice Guidelines recommend expert consultation when "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. Within the submitted documentation, it is apparent that the worker continues with significant pain in the low back. The patient has had extensive conservative therapies including pain medications, PT, and injections to different body regions. Given the chronicity of this pain, it is reasonable to seek an orthopedic consultation who can provide additional insight and options for this worker. Therefore, the request is medically necessary.

