

Case Number:	CM15-0173493		
Date Assigned:	09/15/2015	Date of Injury:	06/11/2011
Decision Date:	10/20/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/02/2015

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: Internal 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:

This 35 year old male sustained an industrial injury via repetitive trauma from 3-1-09 to 6-11-11. Documentation indicated that the injured worker was receiving treatment for pain to the back, bilateral shoulders, arms, wrists, legs and right ankle as well as sleep disorder, anxiety and depression. Previous treatment included acupuncture, physical therapy, psychological care and medications. In 2011 the injured worker developed abdominal pain, acid reflux, nausea and alternating diarrhea and constipation. In an internal medicine consultation dated 7-1-15, the injured worker complained of ongoing abdominal pain, acid reflux, diarrhea and constipation. Physical exam was remarkable for heart with regular rate and rhythm, lungs clear to auscultation and soft abdomen with positive bowel sounds. The treatment plan included laboratory studies, abdominal ultrasound, a barium enema, a psychology consultation, and orthopedic spine specialist consultation, a thyroid ultrasound. On 8-18-15, Utilization Review noncertified a request for retrospective BIA (Bioelectrical impedance analysis) whole body (DOS 7-1-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective BIA (Bioelectrical Impedance Analysis) whole body (DOS: 7/1/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation nih.gov/BioelectricImpedanceBodyta015html.htm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. Department of Health and Human Services - National Institute of Health NIH Consensus Development Program Office of Disease Prevention December 12-14, 1994 On Line Version.

Decision rationale: Both MTUS and ODG are silent on the use of Bioelectrical Impedance Analysis (BIA). Based on the National Institute of Health, BIA is a widely used method for estimating body composition. The technology is relatively quick, and noninvasive. BIA is currently used in diverse settings, including private clinicians offices, health clubs, and hospitals, and across a spectrum of ages, body weights, and disease states. Despite a general public perception that BIA measures body fat, the technology actually determines the electrical impedance of body tissues, which provides an estimate of total body water. Using values of total body water derived from BIA, one can estimate fat-free mass and body fat (adiposity). In addition to its use in estimating adiposity, BIA is beginning to be used in the stimulation of body cell mass and total body water in a variety of clinical conditions. BIA measures the opposition of body tissues to the flow of a small (less than 1 mA) alternating current. Impedance is a function of two components (vectors): the resistance of the tissues themselves, and the additional opposition (reactance) due to the capacitance of membranes, tissue interfaces, and nonionic tissues. The measured resistance is approximately equivalent to that of muscle tissue. Impedance measures vary with the frequency of the current used (typically 50 kHz, when a single frequency is used). Applications of BIA increasingly use multi-frequency measurements, or a frequency spectrum, to evaluate differences in body composition caused by clinical and nutritional status. In this case, there is no clear discussion as to why this analysis needs to be done. Because there is no clear indication clearly stated, the request for a retrospective BIA whole body is not medically necessary.