

Case Number:	CM15-0076163		
Date Assigned:	04/27/2015	Date of Injury:	03/14/2003
Decision Date:	06/09/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/21/2015

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: 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 55 year old male, who sustained an industrial injury on 3/14/2003. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include lumbar disc disorder, radiculitis, and post-surgical syndrome of lumbar spine, Gastroesophageal reflux disease (GERD), irritable bowel syndrome, history of rectal bleeding, status post H. Pylori treatment and constipation. Treatments to date include medication therapy and physical therapy. Currently, he reported improved bowel symptoms with less bloating and less blood in stool. On 2/25/15, the physical examination documented the abdomen was soft, non-distended with no guarding on palpation. The plan of care included medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Probiotics #60 BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/digestive-disorders/features/what-are-probiotics>.

Decision rationale: According to guidelines it states probioyics are used to help the digestive tract. According to the medical records, there is no indication why this is needed. Based on this it is not medically necessary.