MAXIMUS Federal Services

Case Number:	CM13-0025221		
Date Assigned:	11/20/2013	Date of Injury:	10/17/2011
Decision Date:	01/06/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in PM&R, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 IMR application lists the date of injury as 10/17/11 and shows a dispute with the 9/10/13 UR decision. The 9/10/13 UR letter is by [redacted] and denies the CBC, lab for H.pylori, and gastroenterologist evaluation. The rationale was not provided. The patient is described as a 36-YO, [redacted]. He is not currently working. He had a cumulative trauma injury to the right wrist, He underwent right deQuervain's release on 11/17/12 with minimal improvement. He has pain from the right hand up to the elbow shoulder and neck. He has complicating factors including an Axis II personality disorder, and GI issues that have been present since 2012. The treating physician stopped oral NSAIDs and placed him on omeprazole, but there is persistent GI upset with heartburn, nausea, epigastric pain without vomiting. The physician suggested Labs, including CBC, CMP, H.pylori and guaiac, and stated NSAID gastropathy could not be ruled out and that he may need evaluation with a gastroenterologist, possible endoscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 63. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004),Chapter 7, page127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 286.

Decision rationale: The records indicate the patient has been having heartburn, epigastric pain, dyspepsia for several months despite stopping NSAID therapy and initiating a PPI. The physician suspects the NSAIDs may have caused or aggravated an ulcer. H.pylori is associated with ulcers, and the labs, CBC would appear helpful to monitor red cell count if there was any occult bleeding, and monitor white cells if there was any infection. I was unable to find any reference in MTUS, ACOEM, or ODG for labs, specifically for suspected ulcers, but this appears to be the standard of care of medical practice.

Antibody; helicobacter: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 63. Decision based on Non-MTUS Citation (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 LC 4610.5 (2) hierarchy of review standards..

Decision rationale: The records indicate the patient has been having heartburn, epigastric pain, dyspepsia for several months despite stopping NSAID therapy and initiating a PPI. The physician suspects the NSAIDs may have caused or aggravated an ulcer. H.pylori is associated with ulcers, and the labs, CBC would appear helpful to monitor red cell count if there was any occult bleeding, and monitor white cells if there was any infection. I was unable to find any reference in MTUS, ACOEM, or ODG for labs, specifically for suspected ulcers, but this appears to be the standard of care of medical practice.

1 evaluation with gastroenterologist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 63. Decision based on Non-MTUS Citation (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), page 127.

Decision rationale: ACOEM allows for referral to other specialists when the course of care could benefit from additional expertise. The GI specialist consultation appears to be in accordance with ACOEM guidelines.