

<b>Case Number:</b>	CM13-0028292		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	12/17/2003
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Family Practice and is licensed to practice in Tennessee, California and Virginia. 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 injured worker is a 63 year old female with an industrial related injury occurring on December 17, 2003. The mechanism of injury is reported as pain to low back, right shoulder and elbow while making a bed. The injured underwent epidural injections to c-spine (neck) in 2004 and subsequently developed tachycardia. During the hospitalization, diagnoses of diabetes and hypertension were assessed. In 2005 after continuous use of medication, gastrointestinal discomfort was developed. The patient was identified as having regular cardiac rhythm with no rubs or gallops. The patient was controlling her diabetic status with Lantus. The clinical note dated 10/23/13 indicates the patient showed no change in occasional right sided complaints of right sided chest pain. The pain had been controlled with sublingual nitroglycerin. The patient continued with complaining of occasional palpitations and poor sleep quality. The injured also complained of epigastric abdominal pain. Clinical note dated 10/16/13 indicated recommendation for a series of lab exams. The patient was also recommended to follow a low cholesterol, low sodium, low carbohydrate, diet with regular fluid intake. The patient underwent breath test which revealed findings positive for H. pylori infection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H. PYLORI BREATH TEST:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins and the Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

**Decision rationale:** The request for H pylori draw breath test is medically necessary. The clinical documentation indicates the patient being diagnosed with H. pylori. Continued testing would be indicated through the course of treatment in order to monitor the patient's response to medications. Given the previous diagnosis of H. pylori this request is reasonable in order to address ongoing symptomology.