

Case Number:	CM13-0059148		
Date Assigned:	03/21/2014	Date of Injury:	03/06/2009
Decision Date:	05/08/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/02/2013

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. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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/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 66 year old man with a date of injury of 3/1/08 - 3/6/09. He was seen by a consulting physician in internal medicine on 8/21/03. At issue in this review is a H. pylori breath test which was ordered after this evaluation. He admitted to abdominal pain, acid reflux, nausea, vomiting, diarrhea and constipation but denied melena, bright red blood per rectum, peptic ulcer disease and hepatitis. His abdominal exam showed 1+ epigastric tenderness to palpation and rectal exam was deferred. His lumbosacral spine exam showed tenderness to palpation and decreased range of motion and his neurologic exam showed that cranial nerves were grossly intact. His diagnoses included hypertension, chest pain - rule out cardiac vs. GI vs. anxiety, abdominal pain, constipation/diarrhea - rule out irritable bowel syndrome, gastroesophageal reflux disease secondary to NSAIDs, sleep disorder - rule out obstructive sleep apnea and orthopedic and psychiatric diagnoses (deferred to appropriate specialist). He was felt to suffer from possible gastropathy and irritable bowel syndrome secondary to stress and the use of narcotic for pain relief. An H. pylori breath test and abdominal ultrasound were ordered and he was referred for an EGD/colonoscopy and prescribed prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pyloric Breath Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Indications and Diagnostic tests for Helicobacter Pylori infection

Decision rationale: This injured worker has multiple gastrointestinal complaints which could be related to gastrointestinal reflux, constipation, medications etc. The American College of Gastroenterology guidelines include testing for H. pylori only if the clinician plans to treat for positive results or in patients with gastric lymphoma, active peptic ulcer disease, or documented peptic ulcer. This worker has no documented ulcer disease and no documented trial of empiric anti-acid therapy or other diagnostic testing. The records do not support the medical necessity of the H Pylori (C13) Breath Test.