

Case Number:	CM13-0062255		
Date Assigned:	12/30/2013	Date of Injury:	04/09/2013
Decision Date:	03/26/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/06/2013

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 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 patient is a 42-year-old who sustained an injury on 4/9/13 which resulted in back pain with radiation to the legs. The patient has had an L4-L5 annular tear and an L5-S1 degenerative disc disease. The patient had been taking NSAIDs (non-steroidal anti-inflammatory drugs) for pain control which subsequently led to GI (gastrointestinal) bleeding. A gastroenterologist had released her to a normal diet . No diagnostics for the GI bleed were noted. Due to failed conservative treatments her neurosurgeon recommended a lumbar interbody level fusion. On 11/13/13 an exam from the neurosurgeon noted that the claimant had abdominal pain, acid reflux and constipation. The patient was on NSAIDs. As a result an internal consultation was made and H.Pylori testing was subsequently ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

One treatment for H. Pylori: Upheld

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 American College of Gastroenterology

Decision rationale: The MTUS and ACOEM guidelines do not comment on H. Pylori testing. According to the American college of Gastroenterology, H. Pylori testing is recommended in those with active peptic ulcer disease, documented ulcer, gastric lymphoma, or strategy for treatment. In this case there was no documentation of ulcer. The prior bleeding episode was attributed to NSAID (non-steroidal anti-inflammatory drug) use, but no imaging or endoscopy report was noted. The request for one treatment for H. Pylori is not medically necessary or appropriate.

Internal medicine consultation: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: According to the ACOEM guidelines, a specialist (in this case an internist) referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. The claimant had persistent abdominal symptoms and prior GI (gastrointestinal) bleeding on NSAIDs (non-steroidal anti-inflammatory drugs). Since there was no definitive documentation of recent endoscopies, colonoscopies, etc., the symptoms are complex and require further evaluation prior to going for surgery. The request for an internal medicine consultation is medically necessary and appropriate.