

Case Number:	CM13-0062749		
Date Assigned:	12/30/2013	Date of Injury:	04/23/2004
Decision Date:	05/12/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/09/2013

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 Internal Medicine, Pulmonary Diseases 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 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 50-year-old female who reported an injury on 04/23/2004. The mechanism of injury was not provided. Current diagnoses include gastropathy, irritable bowel syndrome, psychological depression, and orthopedic condition. The injured worker was evaluated on 10/21/2013. The injured worker reported persistent reflux symptoms, as well as nausea and vomiting. The injured worker has utilized Prevacid and Protonix in the past without relief. Physical examination revealed tenderness in the mid-epigastric region without rebound or rigidity. Treatment recommendations at that time included a prescription for Dexilant 60 mg and a request for a chemistry panel, helicobacter pylori test, and an endoscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELICOBACTER PYLORI TEST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Standard textbooks of medicine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.labtestsonline.com, lab tests online, hon code standard for trustworthy health information. ©2001 - 2014 by american association for clinical chemistry, last modified on january 6, 2014. This test is used to diagnose infection due t

Decision rationale: The Expert Reviewer's decision rationale: A physician may order the H. pylori test to determine if there is evidence of this infection when a patient is experiencing gastrointestinal pain and symptoms of an ulcer. Symptoms may include abdominal pain, weight loss, indigestion, a feeling of fullness or bloating, nausea, and belching. As per the documentation submitted, the injured worker does report weight loss, nausea, and abdominal pain. However, it was previously noted that the injured worker's gastrointestinal complaints were not related to the industrial injury. Therefore, the request cannot be supported as medically necessary. Based on the clinical information received, the request is non-certified.

ENDOSCOPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation annals.org and medscape.org websites

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine, U.S. Department of Health and Human Services, National Institutes of Health

Decision rationale: The Expert Reviewer's decision rationale: EGD may be performed if a patient has symptoms that are new, cannot be explained, or are not responding to treatment, such as black or tarry stools, regurgitation, and feeling of fullness, heartburn, low blood count, pain or discomfort in the upper abdomen, swallowing problems, weight loss, or nausea and vomiting. It has been previously noted that the injured worker's gastrointestinal complaints were 100% non-industrial and are not related to the work injury. Therefore, the request cannot be supported as medically necessary. As such, the request is non-certified.