

<b>Case Number:</b>	CM13-0069047		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/11/2010
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 39-year-old male who reported an injury on 06/11/2010. The injured worker reportedly lost consciousness while attempting to put out a fire. Upon regaining consciousness, the injured worker noted severe pain in the back, bilateral lower extremities, difficulty breathing, and a collapsed lung and left rib cage. Current diagnoses include abdominal pain, acid reflux, constipation, weight gain, sleep disorder, and orthopedic diagnoses. The injured worker was evaluated on 10/18/2013. The injured worker reported gastrointestinal complaints and sleep disturbance. The injured worker has been previously treated with acupuncture and physical therapy. Current medications include Vicodin. The injured worker reported abdominal pain, acid reflux, nausea, vomiting, constipation, bright red blood per rectum and a weight gain of approximately 30 pounds. Physical examination of the abdomen revealed normal findings. Treatment recommendations included a referral to a gastrointestinal specialist, an EKG, an abdominal ultrasound, and several laboratory studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H PYLORI BREATH TEST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Gastroenterology Guidelines, Gastroesophageal reflux disease.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association for Clinical Chemistry, Lab Tests Online, HON code standard for trustworthy health information. ©2001 - 2014, January 6, 2014. (Online version).

**Decision rationale:** An H pylori test is used to diagnose an infection due to Helicobacter pylori. A doctor may order an H pylori test to determine if there is evidence of an infection when patients experience symptoms such as abdominal pain, weight loss, indigestion, feeling of fullness or bloating, nausea and belching. As per the documentation submitted, the injured worker reports typical symptoms of gastroesophageal reflux disease. The injured worker noted symptoms in 2010, secondary to medication use and stress. The injured worker has been advised to discontinue NSAIDs and follow a low acid, low fat diet. The injured worker is also pending gastrointestinal consultation. Treatment of an H pylori infection is not routinely required as part of antireflux therapy. Therefore, the H pylori testing is not currently indicated. Therefore, the request is not medically necessary.

**EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Gastroenterology Guidelines, Gastroesophageal reflux disease.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative electrocardiogram.

**Decision rationale:** Official Disability Guidelines state an electrocardiogram is indicated for patients who are undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. As per the documentation submitted, the injured worker does not maintain a history of chest pain or cardiopulmonary disease. The medical necessity for an electrocardiogram has not been established. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary.

**ABDOMINAL ULTRASOUND:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Gastroenterology Guidelines, Gastroesophageal reflux disease.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. National Library of Medicine, U.S. Department of Health and Human Services, National Institutes of Health, Updated: 16 May 2014, ([www.nlm.nih.gov](http://www.nlm.nih.gov)).

**Decision rationale:** Abdominal ultrasound is a type of imaging test that is used to examine organs in the abdomen including the liver, gall bladder, spleen, pancreas and kidneys. An

abdominal ultrasound may be indicated to find the cause of abdominal pain, to find the cause of kidney infections, to diagnose a hernia, to diagnose and monitor tumors and cancers, to diagnose or treat ascites, to learn why there is swelling of an abdominal organ, to look for damage after an injury, to look for stones in the gallbladder or kidney, to look for the cause of a fever, and to look for the cause of abnormal blood tests. As per the documentation submitted, the injured worker reports typical symptoms of gastroesophageal reflux disease. Physical examination of the abdomen revealed normal findings. The medical necessity for the requested service has not been established. As such, the request is not medically necessary.

**UNSPECIFIED LAB TESTS FOR GASTROINTESTINAL PROFILE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: California MTUS/ACOEM Practice Guidelines do not specifically address the requested service, and Official Disability Guidelines do not specifically address the requested service.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** This is a non-specific request that does not include the type of laboratory test requested. Therefore, California MTUS/ACOEM Practice Guidelines and Official Disability Guidelines cannot be applied. As such, the request is not medically necessary.