

<b>Case Number:</b>	CM13-0069066		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/11/2010
<b>Decision Date:</b>	03/31/2014	<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 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 39 year old man with a date of injury of 6/11/10. He was seen by his consulting internal medicine physician on 10/18/13 for gastrointestinal and sleep complaints. Per the records, he had gastrointestinal symptoms such as abdominal pain, acid reflux, nausea, vomiting, constipation, bright red blood per rectum and 30lb weight gain which he attributes to stress and medications. His current medication was Vicodin. His physical exam showed a soft and non-tender abdomen with positive bowel sounds and rectal exam was deferred. His related diagnoses included abdominal pain, acid reflux, rule out ulcer/anatomical alteration, constipation secondary to narcotics, bright red blood per rectum, rule out hemorrhoids secondary to narcotics and weight gain, unsubstantiated at this time. He ordered labs and a helicopylori breath test which is at issue in this review. Labs showed a negative helicobacter pylori I blood test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H pylori (c-13) 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 Occupational and Environmental Medicine (ACOEM), Other Clinical Protocol

**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.