

Case Number:	CM14-0011399		
Date Assigned:	02/21/2014	Date of Injury:	07/05/2011
Decision Date:	08/07/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/28/2014

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 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:

This is a 57-year-old female patient with a 7/5/11 date of injury. She injured herself when she lifted a piece of foam and felt a burning sensation in her right shoulder, and upper mid and lower back. The progress report dated on 10/28/13 indicated that the patient reported abdominal pain, acid reflux, nausea, vomiting, constipation, bright red blood per rectum. She denied any diarrhea, melena, peptic ulcer disease or hepatitis. Physical exam demonstrated abdominal tenderness to palpation, and positive bowel sounds. She was diagnosed with Abdominal pain, Acid reflux likely secondary to NSAIDs, Constipation, likely secondary to stress, and Bright red blood per rectum, rule out hemorrhoids secondary to constipation. The provider indicated that the patient's GI disorder is most likely due to stress, which increases gastric acid production and causes irritation of mucosal lining of stomach and alteration of bowel function. The patient was not able to recall any NSAID or opiate that would cause GI disorder. The patient was referred to Gastroenterologist. A lab test on 10/28/13 revealed positive serology for H. pylori. Treatment to date: medication management. There is documentation of a previous 1/21/14 adverse determination. It was not clear how a GI consultation would aid in diagnosis or management of industrial injury. H pylory breath test was not certified because it is not established as an industrial infection.

IMR ISSUES, DECISIONS AND RATIONALES

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

GI consultation qty 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations And Consultations, 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 6 (7), Independent Medical Examinations and Consultations, (pp 127, 156).

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. The patient presented with abdominal pain, acid reflux, nausea, vomiting, constipation, and red blood per rectum. A gastroenterology consultation would be considered medically necessary for a patient with a gastrointestinal bleed. Therefore, the request for GI consultation qty 1.00 was medically necessary.

H. Pylori breath test qty 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine/National Institutes of Health (NIH), Medline Plus, Heliobacter pylori..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pubmed (H. pylori).

Decision rationale: CA MTUS does not address this issue. A search of online literature indicates that among available tests to detect Helicobacter pylori (H. pylori), urea breath test (UBT) is the most accurate when performed correctly in research protocols with unknown validity in clinic settings. Detailed information about three known factors (recent proton-pump inhibitors (PPI), antibiotics, or bismuth, H. pylori eradication treatment finished <4 weeks ago, and gastric resection) to make UBT unreliable were prospectively recorded before each test. There was documentation supporting use of proton pump inhibitors for stomach protection. However, guidelines cited that detailed information about three known factors (recent proton-pump inhibitors (PPI), antibiotics, or bismuth, H. pylori eradication treatment finished <4 weeks ago, and gastric resection) to make UBT unreliable were prospectively recorded before each test. However, this patient was already documented to have positive H. pylori serology. There was no documentation of treatment for H. pylori. H. pylori breath tests are recommended to evaluate for the presence of H. pylori after treatment. Further information would be necessary to substantiate this request. Therefore the request for H. pylori breath test qty 1.00 was not medically necessary.