

Case Number:	CM14-0112416		
Date Assigned:	09/16/2014	Date of Injury:	07/11/2012
Decision Date:	10/15/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/17/2014

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 Occupational 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:

According to the records made available for review, this is a 34-year-old male with a 7/11/12 date of injury. At the time (1/20/14) of the request for authorization for Helicobacter Pylori blood test, there is documentation of subjective (mid-epigastric abdominal pain for the past six months, complaining of nausea) and objective (tenderness in the mid-epigastric region of the abdomen) findings, current diagnoses (gastroesophageal reflux disease secondary to anti-inflammatory medications taken to relieve his orthopedic injuries and rule out gastrointestinal bleed), and treatment to date (medication). There is no documentation of gastric or duodenal ulcers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Helicobacter Pylori Blood Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/12662380

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Necessity of Laboratory Tests (http://www.healthcarecompliance.info/med_nec.htm) and <http://www.cdc.gov/ulcer/files/hpfacts.pdf>

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline necessitates documentation of a clearly stated rationale identifying why laboratory tests are needed. In addition, Medical Treatment Guideline identifies documentation of gastric or duodenal ulcers, as criteria necessary to support the medical necessity of H. Pylori Blood Test. Within the medical information available for review, there is documentation of diagnoses of gastroesophageal reflux disease secondary to anti-inflammatory medications taken to relieve his orthopedic injuries and rule out gastrointestinal bleed. However, there is no documentation of gastric or duodenal ulcers. Therefore, based on guidelines and a review of the evidence, the request for Helicobacter Pylori blood test is not medically necessary.