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| Case Number: | CM14-0137484 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 12/22/2010 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 08/05/2014 |
| Priority: | Standard | Application Received: | 08/25/2014 |

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 Anesthesiology, has a subspecialty in Pain Management 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 53-year-old female with a 12/22/10 date of injury. At the time (7/22/14) of request for authorization for 1 Metabolic Panel, 1 H. Pylori Urea Breath Test, and 1 follow-up visit in 4 weeks , there is documentation of subjective (epigastric pain, bloating, heartburn , and reflux) and objective (blood pressure of 160/96, mild tenderness over the upper epigastric region, no guarding or rebound tenderness noted, and negative Murphy's sign) findings, current diagnoses (hypertension, heartburn, gastroesophageal reflux disease with history of NSAID use, and insomnia), and treatment to date (medications). Medical report identifies that the requested follow-up visit is to review diagnostic studies and to treat the patient's gastrointestinal complaints. Regarding Metabolic panel, there is no documentation of a clearly stated rationale identifying why laboratory tests are needed. Regarding H. Pylori urea breath test, 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:

1 Metabolic Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Medical Necessity of Laboratory Tests
(http://www.healthcarecompliance.info/med_nec.htm)

Decision rationale: MTUS and ODG do not address the issue. Medical Treatment Guideline necessitate documentation of a clearly stated rationale identifying why laboratory tests are needed, as criteria necessary to support the medical necessity of blood tests. Within the medical information available for review, there is documentation of diagnoses of hypertension, heartburn, gastroesophageal reflux disease with history of NSAID use, and insomnia. However, there is no documentation of a clearly stated rationale identifying why laboratory tests are needed. Therefore, based on guidelines and a review of the evidence, the request for Metabolic Panel is not medically necessary.

1 H. Pylori Urea Breath Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline ClearinghouseKatz PO, Gerson LB, Vela MF. Guidelines for the diagnosis and management of gastroesophageal reflux disease. AM J Gastroenterol. 2013 Mar;108(3):308-28. [184 references]

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 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 Urea Breath Test. Within the medical information available for review, there is documentation of diagnoses of hypertension, heartburn, gastroesophageal reflux disease with history of NSAID use, and insomnia. However, despite documentation of heartburn and gastroesophageal reflux disease with history of NSAID use, there is no (clear) documentation of gastric or duodenal ulcers. Therefore, based on guidelines and a review of the evidence, the request for 1 H. Pylori Urea Breath Test is not medically necessary.

1 follow-up visit in 4 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Office Visits

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), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127

Decision rationale: MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of hypertension, heartburn, gastroesophageal reflux disease with history of NSAID use, and insomnia. In addition, given documentation that the requested follow-up visit is to review diagnostic studies and to treat the patient's gastrointestinal complaints, there is documentation of a rationale identifying the medical necessity of the requested follow-up. Therefore, based on guidelines and a review of the evidence, the request for 1 follow-up visit in 4 weeks is medically necessary.