

<b>Case Number:</b>	CM14-0040703		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 District of Columbia and Virginia. 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 36 year old patient who sustained injury on Jan 14 2013. He was noted to have ongoing issues with back pain and had an L4-5 injection on Feb 21 and Mar 6 in 2014. He was noted to have lumbar splinting/spasm and a positive straight leg raise. The patient had issues with abdominal pain. This was not relieved with omeprazole and had no bleeding. The patient was diagnosed with gastropathy and was ordered to have Zantac and labs for CBC and H. Pylori.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Lab for CBC and H. pylori: 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: <http://www.uptodate.com/contents/helicobacter-pylori-infection-and-treatment-beyond-the-basics>

**Decision rationale:** MTUS does not specifically address H pylori testing and so alternative guidelines were sought as below. There is no indication for CBC testing but as patient was having abdominal pain in setting of usage of pain medication, H pylori testing may be

indicated. H. Pylori diagnosis -- There are several ways to diagnose H. pylori. The most commonly used tests include the following: Blood tests -- Blood tests can detect specific antibodies (proteins) that the body's immune system develops in response to the H. pylori bacterium. Breath tests -- Breath tests (known as urea breath tests) require that you drink a specialized solution containing a substance that is broken down by the H. pylori bacterium. The breakdown products can be detected in your breath. Stool tests -- Tests are available that detect H. pylori proteins in stool. Who should be tested for H. Pylori? If you have symptoms -- Diagnostic testing for H. pylori infection is recommended if you have active gastric or duodenal ulcers or if you have a past history of ulcers. Although H. pylori infection is the most common cause of ulcers, not all patients with ulcers have H. pylori. Certain medications (e.g., aspirin, ibuprofen [Motrin, Advil], naproxen [Aleve]) can also cause peptic ulcers. (See "Patient information: Peptic ulcer disease (Beyond the Basics)".) If you do not have symptoms -- H. pylori testing is usually not recommended if you have no symptoms and no past history of peptic ulcer disease. However, it may be considered for selected people, such as those with a family history or concern about stomach cancer, particularly individuals of Chinese, Korean, Japanese, or Central American descent; these groups have a higher incidence of stomach cancer. H. Pylori treatment -- People with a history of peptic ulcer disease, active gastric ulcer, or active duodenal ulcer associated with H. pylori infection should be treated. Successful treatment of H. pylori can help the ulcer to heal, prevent ulcers from coming back, and reduce the risk of ulcer complications (like bleeding). Therefore, the request for 1 Lab for CBC and H. pylori is not medically necessary and appropriate.