

<b>Case Number:</b>	CM14-0202666		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	11/14/2010
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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:

The injured worker is a 41-year-old woman with a date of injury of 11/14/2010. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 11/21/2014 indicated the worker was experiencing lower back pain and mid-abdominal pain with nausea due to medication. The documented examination described tenderness in the lower back and possibly positive testing involving raising the straightened right leg. The submitted and reviewed documentation concluded the worker was suffering from degenerative disk disease, lower or mid-back neuritis or radiculitis, lower back pain, and abdominal pain. Treatment recommendations included medications, a back brace, laboratory testing, and activities as tolerated. A Utilization Review decision was rendered on 11/24/2014 recommending non-certification for laboratory blood testing for H. pylori IgG, IgA, and IgM (LCHPPL).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab Testing Blood Draw: H Plyori IgG, IgA, IgM (LCHPPL): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/8775012>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Crowe SE, et al. Indications and diagnostic tests for Helicobacter pylori infection. Topic 18, version 17.0. UpToDate, accessed 02/02/2015.

**Decision rationale:** The MTUS Guidelines are silent on this issue in this clinical situation. Helicobacter pylori (or H. pylori) is an infection that can cause ulcers in the gut. The 2007 American College of Gastroenterology guidelines suggest testing should be done only if the clinician plans to offer treatment if the test is positive and if there is a past history of a documented peptic ulcer, active peptic ulcer disease, a type of lymphoma in the stomach, or the "test and treat approach" for those who are younger than age 55 years, have uninvestigated dyspepsia, and have no "red flag" findings. The submitted and reviewed documentation concluded the worker was suffering from degenerative disk disease, lower or mid-back neuritis or radiculitis, lower back pain, and abdominal pain. The reviewed documentation described no "red flag" findings, did not indicate the abdominal pain had been investigated, and the worker is younger than age 55 years. However, there was no discussion detailing the reason this testing was needed, indicating if or how the worker would be treated for positive results based solely on this testing, or the reason the worker was being treated with both a gut protectant medication and a continued NSAID medication. The latter medication would be expected to continue to worsen abdominal discomfort in this setting and complicated the clinical situation. For these reasons, the current request for laboratory blood testing for H. pylori IgG, IgA, and IgM (LCHPPL) is not medically necessary.