

Case Number:	CM15-0108026		
Date Assigned:	06/12/2015	Date of Injury:	03/13/2006
Decision Date:	07/17/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/04/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Family Practice

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 50 year old female, who sustained an industrial injury on 3/13/06. She reported right knee and back pain. The injured worker was diagnosed as having sacroiliac joint arthropathy, lumbar arthropathy, and annular tear at L5-S1, positive H. pylori, possible gastric ulceration with abdominal pain, myofascial pain, chronic radiculopathies, and disc herniation at L5-S1 per an old MRI. Treatment to date has included facet medial branch neurolysis and medication including MS Contin, Vicodin, Promethazine, Dilaudid, and Ativan. Currently, the injured worker complains of back pain and abdominal pain. The treating physician requested authorization for a MRI of the lumbar spine (need new MRI L5-S1) and a urea breath test.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI L/S (Need New MRI L5-S1): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACEOM Low Back Complaints, referenced by CA MTUS guidelines Page(s): 303-305.

Decision rationale: California MTUS guidelines state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." Regarding this patient's case, her symptoms do not appear to have changed significantly. There is no evidence in the documentation provided of any red flag symptoms (bowel/bladder incontinence, saddle anesthesia, fevers) or new neurologic deficits on physical exam to warrant a repeat MRI study. Likewise, this request is not considered medically necessary.

Urea Breath Test: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diagnosis and Treatment of Peptic Ulcer Disease and H. pylori Infection. JULIA FASHNER, MD, and ALFRED C. GITU, MD, Florida State University College of Medicine Family Medicine Residency, Lee Memorial Health System, Fort Myers, Florida Am Fam Physician. 2015 Feb 15; 91(4):236-242.

Decision rationale: MTUS, ACOEM, and ODG guidelines do not address a urea breath test. Therefore, alternative guidelines were referenced. The urea breath test is a test that screens for the presence of H. Pylori, a common bacterial culprit of peptic ulcer disease. There is insufficient documentation to warrant ordering this test. There is insufficient documentation regarding exactly what the patient's abdominal symptoms are: location of the pain, quality, quantity, duration, etc. Much more information is needed. It is also questionable that this is a workman's compensation issue. Likewise, this request is not considered medically necessary.