

Case Number:	CM15-0141299		
Date Assigned:	07/31/2015	Date of Injury:	04/12/2010
Decision Date:	09/08/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/21/2015

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: Arizona, California
 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 63-year-old female who sustained an industrial/work injury on 4-12-10. She reported an initial complaint of gastric distress and knee complaints. The injured worker was diagnosed as having constipation, gastroesophageal reflux disease, rectal bleeding, tinnitus, and chronic pain. Treatment to date includes medication, injections, helicobacter pylori treatment, diagnostics, and physical therapy. Currently, the injured worker complained of acid reflux and constipation along with knee complaints. Per the secondary physician's report (PR-2) on 5-29-15 exam noted soft, normoactive bowel sounds, alert and oriented, normal vital signs. The requested treatments include Urine Random Microalbumin test and Gastrointestinal Profile.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Random Microalbumin test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://labtestonline.org/understanding/analytes/h-pylori/>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Detection and Evaluation of Chronic Kidney Disease. Detection and Evaluation of Chronic Kidney Disease SUSAN SNYDER, M.D., and BERNADETTE PENDERGRAPH, M.D., Harbor-University of California, Los Angeles Medical Center, Torrance, California Am Fam Physician. 2005 Nov 1;72(9):1723-1732.

Decision rationale: According to the literature, urine screening is recommended for albumin in those with hypertensive, renal disease, diabetes, etc. Evaluation of renal function may be necessary in those with NSAID use and renal disease is suspect. In this case, there is no mention of the above to substantiate the need for microalbumin testing. As a result, the request for the urine microalbumin testing is not medically necessary.

Gastrointestinal Profile: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://labtestonline.org/understanding/analytes/h-pylori/>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs can increase risk of GI and renal disease. In this case, the claimant had GERD and rectal bleeding. Evaluating GI profile is not specific and most GI profiles involve liver testing. There is no mention of concern of liver or pancreas issues and the specific labs were not specified. As a result, the request for GI lab testing is not medically necessary.