

Case Number:	CM15-0199768		
Date Assigned:	10/15/2015	Date of Injury:	08/20/2008
Decision Date:	12/15/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/12/2015

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: California

Certification(s)/Specialty: Internal Medicine

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 41-year-old female with a date of industrial injury 8-20-2008. The medical records indicated the injured worker (IW) was treated for industrial stress; gastritis; and orthopedic injury. In the 9-3-15 progress notes, the IW reported pain in the back, the bilateral knees, the stomach and emotional stress. The 9-16-15 notes explained the IW had a previous lumbar spinal fusion with painful retained hardware. On examination (9-3-15 notes), the IW had stomach pain. The provider noted she had gastritis due to chronic pain and intake of pain medication. Treatments included medication (Prilosec). The IW was temporarily totally disabled. A Request for Authorization dated 9-3-15 was received for initial visit (electrocardiogram, urine dipstick, venipuncture, and glucose reagent strip) for symptoms related to diagnosis of gastritis as an outpatient. The Utilization Review on 9-18-15 modified the request, allowing an initial visit and laboratory testing to include a urine dipstick, venipuncture, CBC, glucose testing and H. pylori only, for symptoms related to diagnosis of gastritis as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial visit (ECG electrocardiogram, Urine Dipstick, Venipuncture, glucose-reagent strip) for symptoms related to given diagnosis of gastritis, outpatient: 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 Medscape On Line Version: Acute Gastritis Workup; Author Mohammad Wehbi, MD; Chief Editor: BS Anand, MD; Updated 9/18/2014.

Decision rationale: Both MTUS and ODG are silent on this topic. Based on current medicine guidelines as referenced above, the workup for gastritis includes: CBC count to assess for anemia, as acute gastritis can cause gastrointestinal bleeding Liver and kidney function tests Gallbladder and pancreatic function tests, Pregnancy test, Stool for blood. As noted above an EKG is not part of the initial workup for gastritis. Since one component of the requested treatment is not medically necessary, then the entire request is found not medically necessary. Therefore, based on the information in this case and the current medicine guidelines, the request for Initial visit (ECG, Urine Dipstick, Venipuncture, glucose-reagent strip) for symptoms related to given diagnosis of gastritis, outpatient, is not medically necessary.