

Case Number:	CM15-0051547		
Date Assigned:	03/25/2015	Date of Injury:	05/18/2013
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/18/2015

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: Emergency 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 43 year old male sustained an industrial injury on 5/18/13. The injured worker was currently receiving treatment for abdominal pain, fatigue and constipation. On 8/15/14, the injured worker tested positive for Helicobacter pylori antibody. In a PR-2 dated 1/21/15, physical exam was remarkable for abdomen pain with tenderness to palpation over the right lower quadrant and right inguinal region. Current diagnoses included abdominal pain, constipation, gastroesophageal reflux disease, rectal bleeding and Helico pylori positive IgG antibody. There is no documentation of any medications patient is currently on. Patient has had extensive workup of abdominal pains including CT scans and upper GI series. The treatment plan included an H. pylori breath test and stool sample.

IMR ISSUES, DECISIONS AND RATIONALES

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

H pylori breath test per 1/21/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 6.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chey WD, Wong BCY and the Practice Parameters Committee of the American College of Gastroenterology, Am J Gastroenterol 2007;102:1808-1825.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. Official Disability Guidelines is also silent on this topic. H.Pylori urea breath test is an option to test for Helicobacter Pylori infections. Patient already has a positive serum H.pylori test showing prior/current exposure to infection. Patient has chronic abdominal pain related to other abdominal problems. The provider has failed to document what prior treatment was done, what current medications are and what symptoms are related to gastritis/peptic ulcer disease/GERD. Additional testing is redundant and unnecessary with positive H.Pylori ab and no documentation of rationale for multiple redundant testing including stool H.pylori testing requested in this review. H.pylori breath testing is not medically necessary.

H. pylori, stool sample per 1/21/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 6.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chey WD, Wong BCY and the Practice Parameters Committee of the American College of Gastroenterology, Am J Gastroenterol 2007;102:1808-1825.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. Official Disability Guidelines is also silent on this topic. H.Pylori stool test is an option to test for Helicobacter Pylori infections. Patient already has a positive serum H.pylori antibody test showing prior/current exposure to infection. Patient has chronic abdominal pain related to other abdominal problems. The provider has failed to document what prior treatment was done, what current medications are and what symptoms are related to gastritis/peptic ulcer disease/GERD. Additional testing is redundant and unnecessary with positive H.Pylori ab and no documentation of rationale for multiple redundant testing including H.pylori breath testing requested in this review. H.pylori stool testing is not medically necessary.