

<b>Case Number:</b>	CM15-0088988		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	05/17/2008
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 31 year old male sustained an industrial injury on 5/17/08. Diagnoses include irritable bowel syndrome, neuropathic pain in the right upper extremity, flaccid right upper extremity, cephalgia and cervical spine sprain and strain. Treatments to date include x-ray and MRI testing, spine and right ankle surgeries, physical therapy and prescription pain medications. The injured worker continues to report diarrhea every other day with 2-3 watery or semisolid stools, colicky pain with diarrhea. No fever or weight loss was noted. Examination noted negative Neer's and the abdomen was normal. A request for Stool Ova & Parasite test was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Stool Ova & Parasite test:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Irritable bowel syndrome in adults URL ([www.guidelines.gov/content.aspx?id=13703&search=stool+ova+and+parasite+test](http://www.guidelines.gov/content.aspx?id=13703&search=stool+ova+and+parasite+test)).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89. Decision based on Non-MTUS Citation CDC [http://www.cdc.gov/parasites/references\\_resources/diagnosis.html](http://www.cdc.gov/parasites/references_resources/diagnosis.html).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addressing testing. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management indicates that testing can be done to confirm clinical data. The primary treating physician's progress report dated 10/29/14 documented irritable bowel syndrome. The primary treating physician's progress report dated 01/22/15 documented irritable bowel syndrome. Diarrhea was noted. Stool ova and parasites for chronic diarrhea was requested. Centers for Disease Control and Prevention (CDC) indicate that a fecal stool exam, also called an ova and parasite test (O&P), is used to find parasites that cause diarrhea, loose or watery stools, cramping, flatulence (gas) and other abdominal illness. The request for stool ova and parasite test to evaluate chronic diarrhea is supported by clinical practice guidelines. Therefore, the request for stool ova and parasite test is medically necessary.