

<b>Case Number:</b>	CM14-0114796		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records, presented for review, indicate that this 34-year-old individual was reportedly injured on 2/28/2013. The mechanism of injury was noted as a fall. The most recent progress note, dated 5/7/2014, indicated that there were ongoing complaints of cervical spine, lumbar spine, bilateral shoulders, bilateral arms, and bilateral lower extremities. The physical examination revealed the abdomen had local tenderness and no mass. The patient was obese. Spine had no tenderness or decreased range of motion. No recent diagnostic studies are available for review. Previous treatment included medications, chiropractic care, and conservative treatment. A request had been made for urea breath test and was not certified in the pre-authorization process on 6/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urea Breath Test.:** 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 The Merck Manual, Helical Back to Pylori Infection: Gastritis and Peptic Ulcer Disease.

**Decision rationale:** CA MTUS and Official Disability Guidelines do not address this test. Therefore, other medical references were used for citation. The urea breath test is a rapid diagnostic procedure used to identify infections of helicobacter pylori, which is a bacteria implicated in gastritis, gastric ulcers, and peptic ulcer disease. After review of the medical records provided, it was noted the claimant has had a positive test for H. Pylori. Therefore, the request for an additional test is deemed not medically necessary.