

Case Number:	CM15-0172531		
Date Assigned:	09/14/2015	Date of Injury:	06/09/1999
Decision Date:	10/13/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	09/01/2015

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, Indiana, New York
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:

The injured worker is a 58 year old male, who sustained an industrial injury on 6-9-99. The injured worker was diagnosed as having chronic pain, severe pelvic pain and history of discitis of lumbosacral region. On 2-19-15 the injured worker reported persistent low-grade fever, nausea and anorexia. The treating physician noted that the injured worker has just finished antibiotics and requested to check amylase and lipase. The results of the blood test on 3-3-15 showed elevated lipase and normal levels of amylase. The physical exam (4-24-15 through 5-18-15) revealed positive bowel sound and no rebound tenderness. As of the PR2 dated 7-21-15, the injured worker reports diminished appetite. He denies any nausea, vomiting or diarrhea. The treating physician noted the abdominal ultrasound in 3-2015 showed some liver steatosis, but was otherwise unremarkable. There is no documentation of long-term NSAID use, unexplained weight loss or progressive dysphagia. The treating physician requested H. Pylori IgA, H. Pylori IgG and H. Pylori IgM. On 7-27-15 the treating physician requested a Utilization Review for H. Pylori IgA, H. Pylori IgG and H. Pylori IgM and a bone scan. The Utilization Review dated 8-3-15, non-certified the request for H. Pylori IgA, H. Pylori IgG and H. Pylori IgM and certified the request for a bone scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

H. Pylori IgA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine/National Institutes of Health MedLine Plus - Tests for H. pylori.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.nlm.nih.gov/medlineplus/ency/article/007501.htm>.

Decision rationale: Pursuant to Medline plus, H. Pylori (IgA) is not medically necessary. Helicobacter pylori (H. pylori) is the bacterium (germ) responsible for that causes most stomach and duodenal ulcers and many cases of stomach inflammation (chronic gastritis). In this case, the injured worker's working diagnoses are chronic pain, severe pelvic pain, history of lumbosacral discitis. According to the utilization review, additional diagnoses are C-5 - C7 quadriplegia with cervical stabilization 1999; urinary tract infection; and osteomyelitis. Date of injury is June 9, 1999. Request for authorization is July 27, 2015. According to a July 21, 2015 progress note, the injured worker's subjective complaints or decreased appetite and not feeling well. There is no nausea vomiting or diarrhea. Objectively, the abdominal examination was unremarkable. An abdominal sonogram showed liver steatosis, but was otherwise normal. Laboratory testing showed an H. pylori was within normal limits. The treating provider requested H. pylori IgA, IgG and IgM. There was no documentation of peptic ulcer disease or gastritis. There was no clinical rationale or indication for H. pylori IgA, IgG and IgM. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical indication or rationale for H. pylori IgA, H. Pylori (IgA) is not medically necessary.

H Pylori IgG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine/National Institutes of Health MedLine Plus - Tests for H. pylori.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.nlm.nih.gov/medlineplus/ency/article/007501.htm>.

Decision rationale: Pursuant to Medline plus, H. Pylori (IgG) is not medically necessary. Helicobacter pylori (H. pylori) is the bacterium (germ) responsible for that causes most stomach and duodenal ulcers and many cases of stomach inflammation (chronic gastritis). In this case, the injured worker's working diagnoses are chronic pain, severe pelvic pain, history of lumbosacral discitis. According to the utilization review, additional diagnoses are C-5 - C7 quadriplegia with cervical stabilization 1999; urinary tract infection; and osteomyelitis. Date of injury is June 9, 1999. Request for authorization is July 27, 2015. According to a July 21, 2015 progress note, the injured worker's subjective complaints or decreased appetite and not feeling well. There is no nausea vomiting or diarrhea. Objectively, the abdominal examination was unremarkable. An abdominal sonogram showed liver steatosis, but was otherwise normal. Laboratory testing

showed an H. pylori was within normal limits. The treating provider requested H. pylori IgA, IgG and IgM. There was no documentation of peptic ulcer disease or gastritis. There was no clinical rationale or indication for H. pylori IgA, IgG and IgM. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical indication or rationale for H. pylori IgG, H. Pylori (IgG) is not medically necessary.

H Pylori IgM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine/National Institutes of Health MedLine Plus - Tests for H. pylori.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.nlm.nih.gov/medlineplus/ency/article/007501.htm>.

Decision rationale: Pursuant to Medline plus, H. Pylori (IgM) is not medically necessary. Helicobacter pylori (H. pylori) is the bacterium (germ) responsible for that causes most stomach and duodenal ulcers and many cases of stomach inflammation (chronic gastritis). In this case, the injured worker's working diagnoses are chronic pain, severe pelvic pain, history of lumbosacral discitis. According to the utilization review, additional diagnoses are C-5 - C7 quadriplegia with cervical stabilization 1999; urinary tract infection; and osteomyelitis. Date of injury is June 9, 1999. Request for authorization is July 27, 2015. According to a July 21, 2015 progress note, the injured worker's subjective complaints or decreased appetite and not feeling well. There is no nausea vomiting or diarrhea. Objectively, the abdominal examination was unremarkable. An abdominal sonogram showed liver steatosis, but was otherwise normal. Laboratory testing showed an H. pylori was within normal limits. The treating provider requested H. pylori IgA, IgG and IgM. There was no documentation of peptic ulcer disease or gastritis. There was no clinical rationale or indication for H. pylori IgA, IgG and IgM. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical indication or rationale for H. pylori IgM, H. Pylori (IgM) is not medically necessary.