

Case Number:	CM15-0064452		
Date Assigned:	04/10/2015	Date of Injury:	04/29/2008
Decision Date:	05/11/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male, who sustained an industrial injury on 4/29/2008. Diagnoses have included abdominal pain, acid reflux, rule out ulcer and status post H. pylori treatment. Treatment to date has included medication. According to the progress report dated 2/10/2015, the injured worker noted improved acid reflux with Prilosec. He reported improving abdominal pain, improved sleep quality and mild bloating/gas. Abdomen was soft with normoactive bowel sounds. Current medications included Prilosec, Probiotics, Sentra AM and Sentra PM. The treatment recommendation was for GI profile labs.

IMR ISSUES, DECISIONS AND RATIONALES

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

GI profile LABS: 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 Chey WD, Wong BC, Practice Parameters Committee of the American College of Gastroenterology. American College of Gastroenterology guideline on the management of Helicobacter pylori infection. Am J Gastroenterol 2007; 102:1808.

Decision rationale: The claimant sustained a work-related injury in April 2008 and continues to be treated for abdominal pain. He was treated for H. pylori with testing done in December 2014. After completing H. pylori treatment, repeat testing is usually performed to ensure that the infection has resolved. In this case, however, the actual test being requested is not specified and therefore the request was not medically necessary.