

Case Number:	CM13-0016644		
Date Assigned:	03/12/2014	Date of Injury:	09/25/2012
Decision Date:	04/16/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/26/2013

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 Internal Medicine and is licensed to practice in California. 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 patient is a 54-year-old who was injured on 09/25/2012 while standing on a step ladder and reaching to place some files onto a shelf. The patient felt an immediate onset of pain in her mid and low back. The patient was referred to [REDACTED]. On February 22, 2013, the patient experienced pain in her mid and low back, neck, hands and wrists as a result of assembling cardboard boxes and lifting heavy boxes. The patient was referred back to [REDACTED]. The patient began to have an onset of total body pain including her muscles and joints in February 2013. The patient had flu-like symptoms such as stiffness and swelling in the joints, deformities in the patient's fingers and knuckles, aching in her muscles and weakness throughout her body. Prior treatment history has included medications, chiropractic treatment and Motrin for pain. The patient has completed six pool sessions and six acupuncture sessions. Laboratory studies on 07/22/2013 were performed to rule out inflammatory arthropathies like Rheumatoid Arthritis; Systemic Lupus Erythematosus; ankylosing spondylitis; scleroderma; thyroid dysfunction; systemic infection; and gout. All labs were within normal limits and not reflective of inflammatory arthritis. These included: normal vitamin D level; normal uric acid; normal CBC; normal platelet count; normal sedimentation rate; normal CRP; negative ANA; negative DNA; negative complement; negative rheumatoid factor; negative; Scl; negative Sm and Sm/RNP; normal SSA and SSB, negative CCP, and negativeHLA-B27. Normal urinalysis; thyroid studies are normal. A laboratory test for quantiferon returned indeterminate negative. According to UR notes, there is a note dated 07/03/2013, which states that the patient has failed conservative treatment and the treating provider felt that the patient would benefit from epidural steroid injections. Final Determination Letter for IMR Case Number CM13-0016644 3 The patient was diagnosed with 1) Carpal Tunnel Syndrome; 2) Thoracic/Lumbosacral neuritis/radiculitis unspecified; 3) Other and unspecified disorders soft tissue; 4) Wrist sprain and strain; 5) Sprain

and Strain of sacroiliac; 6) Neck sprain and strain. In the records provided, there is no mention of risk factors for tuberculosis such as previous infection or treatment, exposure (travel to endemic country, visitors from endemic country), immune compromise, IV (intravenous) drug abuse, HIV, homelessness and/or incarceration. The patient is not documented to be on medications that would warrant TB testing. Furthermore, there is no mention of symptoms of Tuberculosis such as weight loss, anorexia, fever, night sweats, cough, SOB and/or hemoptysis. Besides an indeterminate negative quantiferon test, there is no CXR (chest x-ray) or PPD (purified protein derivative) testing found in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR TUBERCULOSIS (TB) LAB TEST, PERFORMED 07/22/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Updated Guidelines for Using Interferon Gamma Release Assays to Detect Mycobacterium Tuberculosis Infection -- United States, 2010; Centers for Disease Control and Prevention; MMWR 2010;59.

Decision rationale: The provided records do not mention that the patient has any risk factors for tuberculosis (TB) such as previous TB infection or treatment, exposure (travel to endemic country, visitors from endemic country), work exposure, immune compromise, IV (intravenous) drug abuse, HIV, homelessness and/or incarceration. Furthermore, the patient is not documented to be on medications that would warrant TB testing. There is no mention in the records of Tuberculosis symptoms such as weight loss, anorexia, fever, night sweats, cough, shortness of breath and/or hemoptysis. There is no chest x-ray or PPD testing found in the records. The request for a TB test, performed on July 22, 2013, is not medically necessary and appropriate.