

Case Number:	CM13-0053136		
Date Assigned:	03/31/2014	Date of Injury:	07/12/2012
Decision Date:	06/12/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/18/2013

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 female who was injured on July 12, 2012. The patient continued to experience pain in her neck with numbness/tingling in both hands. Physical examination was notable for tenderness at the base of the occiput, tenderness bilateral paraspinous muscles of the cervical spine, positive impingement sign of the shoulders, lumbar spinous tenderness, decreased sensation of the right lateral thigh and right lateral foot, and decreased sensation of the right small and ring fingers. Diagnoses included cervical sprain/strain with radiculopathy, cervical spine osteophyte formation, lumbar spine sprain/strain, right hip contusion, and bilateral shoulder sprain/strain. Requests for authorization for ANA with reflex titer, C-reactive protein, and sed rate to assess for rheumatoid disease were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFLEX TITER LAB: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: Measurement and Clinical Significance of Antinuclear Antibodies; Assessing the Probability of Developing Rheumatoid Arthritis in Patients with Undifferentiated Arthritis.

Decision rationale: MTUS does not address this issue. Testing for antinuclear antibodies (ANA) is useful to establish a diagnosis in a patient with clinical features suggestive of an autoimmune disease, to exclude such disorders in patients with few or uncertain clinical findings, to subclassify a patient with an established diagnosis of an autoimmune or connective tissue disease, or to monitor disease activity. In this case, the test was requested to rule out rheumatoid disease. Features of rheumatoid disease are polyarticular involvement, morning stiffness, joint tenderness in the metacarpophalangeal and metatarsophalangeal joints, and rheumatoid nodules. There is not documentation that the patient has any of these clinical features indicative of rheumatoid disease. The most reliable early predictors of rheumatoid arthritis are presence of high titer rheumatoid factor and ACPA (anti-citrullinated protein antibodies). Medical necessity is not established.

C-REACTIVE PROTEIN LAB: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acute Phase Reactants; Assessing the Probability of Developing Rheumatoid Arthritis in Patients with Undifferentiated Arthritis.

Decision rationale: MTUS does not address this issue. C-Reactive protein is an acute phase reactant. Acute phase reactants are of little use in distinguishing between early osteoarthritis, osteoarthritis, and systemic lupus. They are more useful in monitoring disease activity. In this case, the test was requested to rule out rheumatoid disease. Features of rheumatoid disease are polyarticular involvement, morning stiffness, joint tenderness in the metacarpophalangeal and metatarsophalangeal joints, and rheumatoid nodules. There is not documentation that the patient has any of these clinical features indicative of rheumatoid disease. The most reliable early predictors of rheumatoid arthritis are presence of high titer rheumatoid factor and ACPA (anti-citrullinated protein antibodies). Medical necessity is not established.

SED RATE LAB: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: Acute Phase Reactants; Assessing the Probability of Developing Rheumatoid Arthritis in Patients with Undifferentiated Arthritis.

Decision rationale: MTUS does not address this issue. Erythrocyte sedimentation rate (ESR), an acute phase reactant, is an indirect measure of serum acute phase protein concentrations. Acute phase reactants are of little use in distinguishing between early osteoarthritis, osteoarthritis, and systemic lupus. They are more useful in monitoring disease activity. In this case the test was requested to rule out rheumatoid disease. Features of rheumatoid disease are polyarticular

involvement, morning stiffness, joint tenderness in the metacarpophalangeal and metatarsophalangeal joints, and rheumatoid nodules. There is not documentation that the patient has any of these clinical features indicative of rheumatoid disease. The most reliable early predictors of rheumatoid arthritis are presence of high titer rheumatoid factor and ACPA (anti-citrullinated protein antibodies). Medical necessity is not established.