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| Case Number: | CM13-0054004 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 09/27/2004 |
| Decision Date: | 07/03/2014 | UR Denial Date: | 10/09/2013 |
| Priority: | Standard | Application Received: | 10/24/2013 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 54-year-old female who reported an injury on 09/27/2004. The mechanism of injury was not provided in the documentation. Per the clinical note dated 12/18/2103, the injured worker reported her legs falling asleep even while walking; however, she reported she walks 3 times a week for 20 to 30 minutes without an assistive device. The injured worker reported she wears knee braces and that her knees swell less often. The injured worker reported a 33 pound weight loss. The injured worker reported increased back pain with prolonged sitting; however, there was a decrease in pain with the use of opioid medications. On physical exam, the cervical spine reported extension angle of 30 degrees, right lateral bending of 15 degrees, left lateral bending at 30 degrees, right and left rotation at 70 degrees. Examination of the lumbar spine revealed T12 flexion at 80 degrees, sacral hip flexion 35 degrees, true lumbar flexion 45 degrees, straight leg raise positive on bilateral legs. There was tenderness to palpation at the thoracic lumbar junction on the left side and at the lumbosacral junction bilaterally. There was also tenderness to palpation to the right sacroiliac joint, bilateral and sacroiliac joint compression at the right sciatic notch. The hips had 100 degrees flexion bilaterally and 40 degrees abduction bilaterally. Flexion on the right knee was at 100 degrees, muscle testing and sensitivity for the upper extremities was normal bilaterally. The MRI of the lumbar spine revealed anterolisthesis to L4-5, developmentally narrowed spinal canal, moderately extensive bilateral facet arthropathy, diffuse annular disc bulge, ligamentum flavum thickening and epidural lipomatosis resulting in severe canal stenosis and moderate to severe left and mild to moderate right foraminal narrowing. There is severe narrowing of the left lateral recess and moderate narrowing of the right lateral recess. The diagnoses reported for the injured worker included internal derangement of the right knee, status postoperative repair, lumbar disc herniation at L4-5, intermittent mild lumbar radiculitis, chronic cervical, thoracic and lumbar

strains, rule out right upper extremity cervical radiculitis. The request for authorization for medical treatment for the blood test to include antinuclear antibodies, rheumatoid factor, and C - reactive protein was not provided in the documentation. The provider's rationale for those same tests was also not provided in the documentation. Treatments for the injured worker were reported to include medication, wrist and knee braces, physical therapy, Pennsaid injection to the knee, a psychological consultation with 10 individual treatment sessions, and a 30 days TENS trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

BLOOD TEST TO INCLUDE ANA, RF, C-REACTIVE PROTEIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Services Commission. Rheumatoid Arthritis.diagnosis, management and monitoring. Victoria (BC):British Columbia Medical Services Commission; 2012, Sep 30, page 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/ency/article/003535.htm>;
<http://www.nlm.nih.gov/medlineplus/ency/article/003548.htm>;
<http://www.nlm.nih.gov/medlineplus/ency/article/003356.htm>;
http://www.niams.nih.gov/Health_Info/Rheumatic_Disease/default.asp.

Decision rationale: Per MedlinePlus the antinuclear antibody panel is a blood test that looks at antinuclear antibodies (ANA). Antinuclear antibodies are substances produced by the immune system that attack the body's own tissues. Rheumatoid factor (RF) is a blood test that measures the amount of the RF antibody in the blood. C-reactive protein is produced by the liver. The level of CRP rises when there is inflammation throughout the body. Symptoms of Rheumatoid Arthritis include tender, warm, swollen joints, symmetrical pattern of affected joints, joint inflammation often affecting the wrist and finger joints closest to the hand, joint inflammation sometimes affecting other joints, including the neck, shoulders, elbows, hips, knees, ankles, and feet, fatigue, occasional fevers, a loss of energy, pain and stiffness lasting for more than 30 minutes in the morning or after a long rest, symptoms that last for many years, variability of symptoms among people with the disease. Per Medline plus, the antinuclear antibody panel, or ANA, is a blood test that looks at antinuclear antibodies. C-reactive protein is produced by the liver. There is a lack of documentation of clinical findings related to symptoms of RA to warrant these tests such as joint inflammation, pain or stiffness lasting than greater than 30 minutes in the morning, or fatigue. The imaging documentation provided indicated degenerative conditions, to middle age. The injured worker was reported to have right knee pain as well as back pain. However, these symptoms were treated with bracing and physical therapy. There was a lack of documentation regarding the provider's rationale for requesting these tests. Therefore, the request for a blood test to include ANA, RF, C-reactive protein is not medically necessary.