

<b>Case Number:</b>	CM14-0152363		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Occupational 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:

Patient is a 60-year-old female who has submitted a claim for cervical radiculopathy, cervical spondylosis, cervical strain/sprain, and thoracic pain associated with an industrial injury date of 7/31/2013. Medical records from 2014 were reviewed. The patient complained of neck pain and low back pain. Neck pain radiated to the right upper extremity associated with weakness. Patient likewise had difficulty sleeping averaging 4 to 5 hours per night. Aggravating factors of back pain included prolonged sitting, standing, and walking. Patient reported that back pain radiated to the right lower extremity, associated with numbness. Physical examination showed that the patient was alert and oriented to time, place, and person. She was anxious and agitated. Gait was normal. Examination of the cervical spine showed tenderness and restricted motion. Sensation was diminished at right upper extremity and right lower extremity. Weakness of right upper extremity was likewise noted. Reflexes were intact. Straight leg raise test was negative. Ophthalmologic exam showed normal extraocular movements, absence of nystagmus, full visual fields, equal and reactive pupils, unremarkable fundoscopic examination, and normal color point discrimination. MRI of the cervical spine, dated 5/8/2014, showed mild cervical spondylosis without neural impingement. EMG/NCV on 5/14/14 showed normal results. MRI of the brain, dated 4/17/2014, showed normal findings. The requests for visual evoked response, CBC, sedimentation rate, lupus panel, and Lyme's titer were filed to determine presence of M.S. mimics. Treatment to date has included chiropractic care, physical therapy, and medications. Utilization review from 9/2/2014 denied the request for VISUAL EVOKED RESPONSE TEST QTY: 1.00 because there was no indication in the history, examination, or cranial MRI that the patient was suspected to have multiple sclerosis or optic nerve lesion; denied MS MIMICS QTY: 1.00 because this was not a clear request; and denied CBC,

sedimentation rate, lupus panel, and Lyme's titer because of no clear indication or any suspected medical condition to warrant the request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Visual Evoked Response Test Quantity: 1.00:** Overturned

**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 Other Medical Treatment Guideline or Medical Evidence: Evoked-Potential Changes in Clinically Definite Multiple Sclerosis: A Two-Year Follow-up Study, Journal of Neurology, Neurosurgery, and Psychiatry 1982; 45: 494-500; and Visual Evoked-Response in Diagnosis of Multiple Sclerosis, British Medical Journal 1973; 4(5893): 661-664

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of Neurology was used instead. The study of the responses evoked in the electroencephalogram by sensory stimuli provides objective information about conduction within the central nervous system. One major application of this technique has been to the investigation of patient suffering from multiple sclerosis. The visual evoked potential (VEP) to pattern reversal is most frequently employed. Another article from British Medical Journal states that the high incidence of abnormal pattern responses, even in patients with no ocular signs or symptoms, suggests that VEP is of value in establishing the diagnosis. In this case, patient complained of neck pain and low back pain, radiating to the right upper and lower extremities, respectively. Pain was associated with weakness and numbness. Physical examination showed that the patient was alert and oriented to time, place, and person. Gait was normal. Examination of the cervical spine showed tenderness and restricted motion. Sensation was diminished at right upper extremity and right lower extremity. Weakness of right upper extremity was likewise noted. Reflexes were intact. Straight leg raise test was negative. Ophthalmologic exam showed normal extraocular movements, absence of nystagmus, full visual fields, equal and reactive pupils, unremarkable fundoscopic examination, and normal color point discrimination. Different ancillary procedures had been performed. MRI of the cervical spine, dated 5/8/2014, showed mild cervical spondylosis without neural impingement. EMG/NCV on 5/14/14 showed normal results. MRI of the brain, dated 4/17/2014, showed normal findings. The treatment plan was to request for visual evoked response to rule out multiple sclerosis. Symptoms persisted despite chiropractic care, physical therapy, and medications. All of the aforementioned tests yielded normal findings. There was enough evidence based on the records submitted to suspect multiple sclerosis in this case. The medical necessity was established. Therefore, the request for visual evoked response was medically necessary.

**CBC Quantity: 1.00:** 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 Other Medical Treatment Guideline or Medical Evidence: The Differential Diagnosis of Multiple Sclerosis, Neurologist 2007; 13(2): 57-72; and Systemic Lupus Erythematosus, PubMed Health

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, an article published in Neurology Journal was used instead. A differential diagnosis for multiple sclerosis is a category of diseases called MS Mimics, which includes systemic lupus erythematosus. SLE is a chronic, inflammatory disease that may affect the skin, joints, blood and kidneys. Symptoms include extreme fatigue, anemia, skin rash, hair loss, Raynaud's phenomenon, etc. In this case, patient is suspected to have multiple sclerosis vs MS Mimics, hence, this request for CBC to rule out anemia. However, this review already certified a request for visual evoked response to determine possibility of multiple sclerosis. Other conditions can be investigated if the initial test yielded negative result. There is no clear indication for certifying all laboratory tests at the same time only to rule out possible conditions simultaneously. Moreover, the provider from a note dated 8/8/2014 expected the CBC to demonstrate normal result. Therefore, the request for complete blood count is not medically necessary.

**Sedimentation Rate Quantity: 1.00:** 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 Other Medical Treatment Guideline or Medical Evidence: The Differential Diagnosis of Multiple Sclerosis, Neurologist 2007; 13(2): 57-72; and Systemic Lupus Erythematosus, PubMed Health

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, an article published in Neurology Journal was used instead. A differential diagnosis for multiple sclerosis is a category of diseases called MS Mimics, which includes systemic lupus erythematosus. SLE is a chronic, inflammatory disease that may affect the skin, joints, blood and kidneys. Symptoms include extreme fatigue, anemia, skin rash, hair loss, Raynaud's phenomenon, etc. In this case, patient is suspected to have multiple sclerosis vs MS Mimics, hence, this request for ESR. Patients with SLE have elevated ESR. However, this review already certified a request for visual evoked response to determine possibility of multiple sclerosis. Other conditions can be investigated if the initial test yielded negative result. There is no clear indication for certifying all laboratory tests at the same time only to rule out possible conditions simultaneously. Moreover, the provider from a note dated 8/8/2014 expected the ESR

to demonstrate normal result. Therefore, the request for sedimentation rate is not medically necessary.

### **Lupus Panel Quantity 1: 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 Other Medical Treatment Guideline or Medical Evidence: The Differential Diagnosis of Multiple Sclerosis, Neurologist 2007; 13(2): 57-72; and Systemic Lupus Erythematosus, PubMed Health

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, an article published in Neurology Journal was used instead. A differential diagnosis for multiple sclerosis is a category of diseases called MS Mimics, which includes systemic lupus erythematosus. SLE is a chronic, inflammatory disease that may affect the skin, joints, blood and kidneys. Symptoms include extreme fatigue, anemia, skin rash, hair loss, Raynaud's phenomenon, etc. In this case, patient is suspected to have multiple sclerosis vs MS Mimics, hence, this request for lupus panel. However, this review already certified a request for visual evoked response to determine possibility of multiple sclerosis. Other conditions can be investigated if the initial test yielded negative result. There is no clear indication for certifying all laboratory tests at the same time only to rule out possible conditions simultaneously. Moreover, the provider from a note dated 8/8/2014 expected this test to demonstrate normal result. Therefore, the request for lupus panel is not medically necessary.

### **Lyme's Titer Quantity 1: 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 Other Medical Treatment Guideline or Medical Evidence: The Differential Diagnosis of Multiple Sclerosis, Neurologist 2007; 13(2): 57-72; and Lyme Disease, PubMed Health

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, an article published in Neurology Journal was used instead. A differential diagnosis for multiple sclerosis is a category of diseases called MS Mimics, which includes Lyme disease. Lyme disease is an infection that causes a rash from a tick bite. Untreated bacterium travels through the bloodstream, causing severe fatigue, stiff neck, tingling or numbness of extremities, and facial palsy. In this case, patient is suspected to have multiple sclerosis vs MS Mimics, hence, this request for Lyme's titer. However, this review already certified a request for visual evoked response to determine possibility of multiple sclerosis. Other

conditions can be investigated if the initial test yielded negative result. There is no clear indication for certifying all laboratory tests at the same time only to rule out possible conditions simultaneously. Moreover, the provider from a note dated 8/8/2014 expected this test to demonstrate normal result. Therefore, the request for Lyme's titer is not medically necessary.