

Case Number:	CM14-0076213		
Date Assigned:	07/16/2014	Date of Injury:	05/28/1999
Decision Date:	09/10/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/23/2014

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:

Injured worker is a female with date of injury 5/28/1999. Per pain management progress note date 3/5/2014, the injured worker complains of low back pain and lower extremity pain with numbness/tingling status post lumbar spine surgery. She denies weakness. She had ESI on 10/7 and is reporting good relief of pain about 50-60% of leg pain. Her pain is improved from 7 to 3. She has residual axial pain. She has been using lidoderm patches with good relief. She has been taking medications as prescribed. The medications are controlling some, but not all of the pain symptoms. She understands that all of the symptoms will not be completely eliminated by pain medications. She does not report any new side effects from the medications. On examination gait is non-antalgic, but slow and guarded. She is able to heel/toe walk but is deconditioned. There are no assistive devices used for walking. She is not able to sit for 15 minutes without evidence of pain. She is able to comprehend and answer questions. Lumbar range of motion is decreased in extension, lateral rotation and lateral bending with an increase in concordant pain in lateral planes. Flexion appears normal with no pain. Motor strength is 5/5 bilateral lower extremities. Deep tendon reflexes are 2+ bilateral ankles and 2+ bilateral knees. Straight leg raise test is positive left for radicular symptoms at 45 degrees. Patrick/Gaenslen test is positive for SI arthropathy. Tenderness to palpation over sacroiliac joints bilaterally. Pace/Freilberg's test is negative for Piriformis syndrome. Diagnoses include 1) displacement intervertebral disc, lumbar 2) medial epicondylitis 3) low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension Authorization- Rheumatoid Factor Qty1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: The requesting physician explains that laboratory studies are request to test the patient's liver and kidney status, and motinro for opiate therapy compliance. The claims administrator approved all lab requests except for rheumatoid factor as there is no explanation of why rheurmatoid factor is desired.Per the MTUS Guidelines, screening for autoimmune disease by history or laboratory studies such as complete blood count, erythrocyte sedimentation rate or rhematoid factor. This request however is not explained as consistent with the recommendations of these guidelines and medical necessity has not been established.The request for Extension Authorization- Rheumatoid Factor Qty1 is determined to not be medically necessary.