

Case Number:	CM14-0192342		
Date Assigned:	11/26/2014	Date of Injury:	11/12/2002
Decision Date:	01/14/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/17/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of work injury occurring on 11/12/02. She continues to be treated for right shoulder and low back pain radiating into the right lower extremity. Treatments have included multiple epidural injections with temporary partial relief. She has been unable to return to her prior job, however, is working full-time in a clerical capacity. She was seen by the requesting provider on 05/21/14. She was attending acupuncture treatments. She was having right gluteal pain radiating to her right hip. Pain was rated at 7-9/10. Medications were Tramadol, Naprosyn, Gabapentin, Hydrochlorothiazide, and Topical Amrix. She was also taking butalbital and propranolol for migraines. She was using TENS and heat. Physical examination findings included an antalgic gait with a cane. She had decreased lumbar spine range of motion with decreased lower extremity sensation and positive seated straight leg raising. Authorization for testing including anti-inflammatory labs to "rule out [an] inflammatory component of chronic pain" was requested. She was to continue acupuncture treatments. On 10/29/14 there was a pending AME. Pain was rated at 9/10. She was wearing her TENS unit. She was having intermittent symptoms of constipation. Physical examination findings included appearing in mild distress. She was continuing to ambulate with a cane favoring her right lower extremity. She had a forward flexed posture with decreased range of motion. There was decreased right lower extremity strength and sensation with muscle atrophy. She had right trochanteric tenderness. There was diffuse discoloration of the right thigh. She had right gluteal muscle spasms and tenderness. She was having difficulty weight-bearing on her right lower extremity. Lab testing was requested and medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANA (Anti-Nuclear Antibody): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment labs Page(s): 23, 64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004) Chapter 6, page 54

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic radiating low back pain. In this case, the claimant has no clinical findings that would suggest any adverse effect from the medications being prescribed. There are no quality studies available evaluating the utility of non-specific inflammatory markers for the diagnosis of patients with chronic pain. Therefore, the requested ANA (Anti-Nuclear Antibody) is not medically necessary.

CRP (C-reactive protein): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Chapter 6, page 54

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic radiating low back pain. In this case, the claimant has no clinical findings that would suggest any adverse effect from the medications being prescribed. There are no quality studies available evaluating the utility of non-specific inflammatory markers for the diagnosis of patients with chronic pain. Therefore, the requested CRP (C-reactive protein) is not medically necessary.

ESR (erythrocyte sedimentation rate): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment labs Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 6 Page(s): 54.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic radiating low back pain. In this case, the claimant has no clinical findings that would suggest any adverse effect from the medications being prescribed. There are no quality studies available evaluating the utility of non-specific inflammatory markers for the diagnosis of patients with chronic pain. Therefore, the requested ESR (erythrocyte sedimentation rate) is not medically necessary.

Rheumatoid factor: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment labs Page(s): 23, 64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Chapter 6, page 54

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic radiating low back pain. In this case, the claimant has no clinical findings that would suggest any adverse effect from the medications being prescribed. There are no quality studies available evaluating the utility of non-specific inflammatory markers for the diagnosis of patients with chronic pain. Therefore, the requested Rheumatoid factor is not medically necessary.

TSH (thyroid-stimulating hormone): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment labs Page(s): 23, 64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Chapter 6, page 54

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic radiating low back pain. In this case, there are no reported physical examination findings or by history that would suggest that the claimant has thyroid dysfunction. Therefore, the requested TSH test is not medically necessary.