

Case Number:	CM14-0028590		
Date Assigned:	06/16/2014	Date of Injury:	09/07/2011
Decision Date:	03/13/2015	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Illinois

Certification(s)/Specialty: Internal Medicine

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 47-year-old male who reported an injury on 09/07/2011. The specific mechanism of injury was not provided. The injured worker was noted to undergo a surgical intervention to the lumbar spine with disc replacement at L4-5 and L5-S1. There was a request for authorization submitted for 02/20/2014. Prior therapies were not provided. The prescription was dated 02/20/2014. Diagnoses were noted to include low back pain lumbar region and status post artificial disc replacement L4-5 and L5-S1. The prior determinations indicated the physician had submitted documentation dated 02/20/2014. However there was a lack of physician documentation dated 02/20/2014. The prior determination indicated the injured worker underwent an examination on 02/20/2014 with reported pain in the right SI joint despite successful replacement of L4-5 and L5-S1. The objective findings on examination included right SI joint tenderness to palpation; hyper reflective elite in the lower extremity; sensation and motor were normal. The treatment plan included an SI joint injection, updated x-rays of the lumbar spine, a CBC with differential, chem 14 panel, sed rate, rheumatoid factor, ANA, and HLA B27 to determine whether there was inflammation and/or systemic arthritis which could be the cause of pain. However as previously stated, there was no physician documentation with the exception of prescription and request for authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LAB TEST: ANA (ANTINUCLEAR ANTIBODY): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) - PAIN CHAPTER: MEDICATIONS FOR ACUTE PAIN (ANALGESICS); MEDICATIONS FOR SUBACUTE & CHRONIC PAIN; NSAIDs, SPECIFIC DRUG LIST & ADVERSE EFFECTS

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: <http://labtestsonline.org/understanding/analytes/ana/tab/test>.

Decision rationale: Per labtestsonline.org, the antinuclear antibody (ANA) test is used as a primary test to help evaluate a person for autoimmune disorders that affect many tissues and organs throughout the body (systemic) and is most often used as one of the tests to help diagnose systemic lupus erythematosus (SLE). There was a lack of documented rationale for the request. Given the above, the request for laboratory tests ANA (antinuclear antibody) is not medically necessary.

LAB TEST: ESR (ERYTHROCYTE SEDIMENTATION RATE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) - PAIN CHAPTER: MEDICATIONS FOR ACUTE PAIN (ANALGESICS); MEDICATIONS FOR SUBACUTE & CHRONIC PAIN; NSAIDs, SPECIFIC DRUG LIST & ADVERSE EFFECTS

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: <http://labtestsonline.org/understanding/analytes/esr/tab/test>.

Decision rationale: Per labtestsonline.org, the erythrocyte sedimentation rate (ESR or sed rate) is a relatively simple, inexpensive, non-specific test that has been used for many years to help detect inflammation associated with conditions such as infections, cancers, and autoimmune diseases. There was a lack of documented rationale for the request. Given the above, the request for laboratory tests: ESR is is not medically necessary.

LAB TEST: RF (RHEUMATOID FACTOR): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) - PAIN CHAPTER: MEDICATIONS FOR ACUTE PAIN (ANALGESICS); MEDICATIONS FOR SUBACUTE & CHRONIC PAIN; NSAIDs, SPECIFIC DRUG LIST & ADVERSE EFFECTS

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: <http://labtestsonline.org/understanding/analytes/rheumatoid/tab/faq>.

Decision rationale: Per labtestsonline.org, the RF test is not routinely ordered and is not useful for routine screening of asymptomatic people. Most people will never need to have an RF test performed. There was a lack of documented rationale for the request. Given the above, the request for laboratory tests: RF(rheumatoid factor) is not medically necessary.

HLA B27: RULE OUT ANKYLOSING SPONDYLITIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) - PAIN CHAPTER: MEDICATIONS FOR ACUTE PAIN (ANALGESICS); MEDICATIONS FOR SUBACUTE & CHRONIC PAIN; NSAIDs, SPECIFIC DRUG LIST & ADVERSE EFFECTS

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: <http://labtestsonline.org/understanding/analytes/hla-b27/tab/test>.

Decision rationale: Per labtestsonline.org, the HLA-B27 test is primarily ordered to help strengthen or confirm a suspected diagnosis of ankylosing spondylitis (AS), reactive arthritis, juvenile rheumatoid arthritis (JRA), or sometimes anterior uveitis. The HLA-B27 test is not a definitive test that can be used to diagnose or rule out a disorder. It is one piece of evidence used along with the evaluation of signs, symptoms, and other laboratory tests to support or rule out the diagnosis of certain autoimmune disorders, such as ankylosing spondylitis and reactive arthritis. There was a lack of documented rationale for the request. Given the above, the request for laboratory tests: HLA B27 is not medically necessary.