

Case Number:	CM15-0103907		
Date Assigned:	06/08/2015	Date of Injury:	03/18/2008
Decision Date:	07/16/2015	UR Denial Date:	04/25/2015
Priority:	Standard	Application Received:	05/29/2015

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: Arizona, Texas
 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 50-year-old female with an industrial injury dated 03/18/2008. The mechanism of injury is documented as a fall. Her diagnoses included degeneration of lumbar or lumbosacral intervertebral disc, carpal tunnel syndrome and unspecified internal derangement of knee. Prior treatments included right shoulder arthroscopy with excision of the distal clavicle with residual pain, left ring finger trigger release (06/30/2014), right carpal tunnel release (12/12/2012), left hand carpal tunnel and cubital surgery (04/03/2013), physical therapy, chiropractic care, acupuncture and aquatic exercises. She presents on 04/14/2014 with complaints of neck pain, right shoulder pain, left ring finger pain, right wrist and hand pain, left wrist and hand, low back pain, bilateral knee pain, left shoulder pain and bilateral elbow pain. Physical exam noted tenderness and limited flexion and rotation of cervical and lumbar spine. Bilateral knees were tender with moderate swelling and limited range of motion in the left knee. There was limited range of motion of bilateral shoulders with positive impingement sign of left shoulder, and tenderness in bilateral wrists. Medications included Ibuprofen, extra strength Tylenol, Nortriptyline and Prilosec. Documentation dated 04/22/2014 notes the injured worker was receiving Ibuprofen, Nortriptyline, Tramadol and Tylenol at that time. Treatment plan included laboratory evaluation, continue current medication and follow up in 1-2 weeks. Work status was modified duty with restrictions. Requested treatments are CBC and Chemistry 14 (authorized), ANA, CCP antibody, Free T4, TSH, rheumatoid factor, sedimentation rate and urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: Sed rate and UA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs. Decision based on Non-MTUS Citation University of Michigan Health System. Urinary tract infection. 2011 June, page 8.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. Drug information.

Decision rationale: The MTUS is silent regarding the use of laboratory studies in the evaluation of chronic pain. In this case the patient has chronic pain with arthralgias. The treatment plan includes nortriptyline, prilosec, tylenol, ibuprofen and tramadol and serological exams including sed rate, urinalysis, TSH, Free T4, Rheumatoid factor, ANA and CCP antibody. According to Uptodate.com the medications that the patient is taking do not require serological tests to monitor. The documentation doesn't support that there were any concerns for systemic diseases including thyroid disease or inflammatory arthritis. The use of a sed rate and UA for the evaluation of this patient's chronic pain is not medically necessary.

Labs: Free T4 TSH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs. Decision based on Non-MTUS Citation Medical Services Commission. Thyroid function tests: diagnoses and monitoring of thyroid function disorders in adults. 2010 Jan 1. page 6.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.com. Drug information.

Decision rationale: The MTUS is silent regarding the use of laboratory studies in the evaluation of chronic pain. In this case the patient has chronic pain with arthralgias. The treatment plan includes nortriptyline, prilosec, tylenol, ibuprofen and tramadol and serological exams including sed rate, urinalysis, TSH, Free T4, Rheumatoid factor, ANA and CCP antibody. According to Uptodate.com the medications that the patient is taking do not require serological tests to monitor. The documentation doesn't support that there were any concerns for systemic diseases including thyroid disease or inflammatory arthritis. The use of a TSH or Free T4 for the evaluation of this patient's chronic pain is not medically necessary.

Labs: Rheumatoid factor: 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 UptoDate.com. Drug information.

Decision rationale: The MTUS is silent regarding the use of laboratory studies in the evaluation of chronic pain. In this case the patient has chronic pain with arthralgias. The treatment plan includes nortriptyline, prilosec, tylenol, ibuprofen and tramadol and serological exams including sed rate, urinalysis, TSH, Free T4, Rheumatoid factor, ANA and CCP antibody. According to Uptodate.com the medications that the patient is taking do not require serological tests to monitor. The documentation doesn't support that there were any concerns for systemic diseases including thyroid disease or inflammatory arthritis. The use of rheumatoid factor for the evaluation of this patient's chronic pain is not medically necessary.

Labs: ANA: 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 UpToDate.com. Drug information.

Decision rationale: The MTUS is silent regarding the use of laboratory studies in the evaluation of chronic pain. In this case the patient has chronic pain with arthralgias. The treatment plan includes nortriptyline, prilosec, tylenol, ibuprofen and tramadol and serological exams including sed rate, urinalysis, TSH, Free T4, Rheumatoid factor, ANA and CCP antibody. According to Uptodate.com the medications that the patient is taking do not require serological tests to monitor. The documentation doesn't support that there were any concerns for systemic diseases including thyroid disease or inflammatory arthritis. The use of an ANA for the evaluation of this patient's chronic pain is not medically necessary.

Labs: CCP antibody: 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 UptoDate.com. Drug information.

Decision rationale: The MTUS is silent regarding the use of laboratory studies in the evaluation of chronic pain. In this case the patient has chronic pain with arthralgias. The treatment plan includes nortriptyline, prilosec, tylenol, ibuprofen and tramadol and serological exams including sed rate, urinalysis, TSH, Free T4, Rheumatoid factor, ANA and CCP antibody. According to Uptodate.com the medications that the patient is taking do not require serological tests to monitor. The documentation doesn't support that there were any concerns for systemic diseases including thyroid disease or inflammatory arthritis. The use of CCP antibody for the evaluation of this patient's chronic pain is not medically necessary.