

Case Number:	CM15-0133187		
Date Assigned:	07/21/2015	Date of Injury:	01/13/2012
Decision Date:	09/15/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/09/2015

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: California

Certification(s)/Specialty: Emergency 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 27 year old male, who sustained an industrial injury on 1/13/2012. Diagnoses have included multilevel disc herniations of the lumbar spine, facet arthropathy of the lumbar spine, degenerative disc disease of the lumbar spine and lumbar spine radiculopathy. Treatment to date has included acupuncture, aqua therapy, chiropractic treatment and medication. According to the progress report dated 5/19/2015, the injured worker complained of low back pain, along with pain, numbness and tingling that would radiate down either leg. Physical exam revealed limited range of motion. There was exquisite paraspinal tenderness to percussion. The injured worker was working with restrictions. Authorization was requested for CBC, CRP, CPK, Chem 8, and hepatic and arthritis panels.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.emedicinehealth.com/complete_blood_count_cbc/article_em.htm.

Decision rationale: The request is for a complete blood count blood test. The MTUS and ODG guidelines are silent regard this topic and as such, another source was used. A complete blood count is commonly ordered and measures the patients white and red blood cell count as well as platelets. The white blood cell count, when elevated, could be a marker for infection or leukemia while the red cell count reveals anemia. It is also used as a routine health screen exam. In this case, based on the patients symptoms described, a CBC would be indicated. As such, the request is certified and therefore is medically necessary.

CRP: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/2659202>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.emedicinehealth.com/c_reactive_protein_blood_test_crp/article_em.htm.

Decision rationale: The request is for the blood test C-reactive protein. C-reactive protein (CRP) is a marker of inflammation in the body and its level in the blood increases if there is any inflammation in the body. C-reactive protein, along with other markers of inflammation is sometimes referred to as acute phase reactants. It is a marker for infection and is elevated in multiple other disease processes. In this case, due to ongoing symptoms which the patient is displaying, this would be a reasonable blood test to rule out a coexisting inflammatory condition. As such, the request is certified and therefore is medically necessary.

CPK: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.nlm.nih.gov/medlineplus/ency/article/003503.htm>.

Decision rationale: The request is for the blood test creatine phosphokinase. When the total CPK level is very high, it usually means there has been injury to muscle tissue, the heart, or the brain. Muscle tissue injury is most likely. When a muscle is damaged, CPK leaks into the bloodstream. Determining which specific form of CPK is high helps physicians determine which tissue has been damaged. In this case, the patient is on medication which in certain circumstances could cause muscle damage. Also, evaluation measures are sometimes performed to diagnose conditions which cause muscle breakdown. The request as such is certified and therefore is medically necessary.

Hepatic & Arthritis Panel: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/rheumatoid-arthritis/guide/blood-tests>.

Decision rationale: The request is for an arthritis panel. The MTUS and ODG guidelines are silent regarding this topic. An arthritis panel includes multiple tests to help determine if the patient has a rheumatologic condition. Rheumatoid factors are a variety of antibodies that are present in 70% to 90% of people with rheumatoid arthritis (RA). Rheumatoid factor (RF), however, can be found in people without RA or with other autoimmune disorders. In general, when no rheumatoid factor is present in someone with RA, the course of the disease is less severe. In this case, due to the ongoing symptoms the patient is having, further evaluation would be warranted. As such the request is certified and therefore is medically necessary.

Chem 8: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/a-to-z-guides/comprehensive-metabolic-panel-topic-overview>.

Decision rationale: The request is for a basic metabolic panel. This is a blood test which measures your glucose level, electrolyte and kidney function. The MTUS and ODG are silent regarding this topic. This panel is ordered at times for routine health screening or to rule out certain medical conditions based on the patients complaints. In this case, the patient is on medication which would warrant evaluation of a basic metabolic panel would be considered reasonable. As such, the request is certified and therefore is medically necessary.