

Case Number:	CM15-0182134		
Date Assigned:	09/23/2015	Date of Injury:	03/26/2015
Decision Date:	10/27/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/16/2015

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, Indiana, New York
 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 43-year-old female, who sustained an industrial injury on 3-26-15. The injured worker is undergoing treatment for lumbar spine sprain and strain, shoulder rotator cuff tear, impingement, post-concussive headache, left shoulder pain, head concussion and cervical strain. Dates of service reviewed included: 3-26-15 to 9-24-15. Current subjective findings reported: She reported pain to the head, neck, left shoulder, left arm, and lumbar spine. She rated her head pain 7-10 out of 10, neck pain rated 10 out of 10, left shoulder pain rated 8-10 out of 10, left arm pain rated 6 out of 10, lumbar spine pain rated 10 out of 10, and left arm pain rated 6 out of 10. She also reported the head pain to radiate to her neck, nape, left shoulder and back and associated it with numbness, tingling, burning and stabbing; radiation of left shoulder pain down the arm. Current physical examination revealed: decreased cervical spine range of motion, decreased lumbar spine range of motion, decreased left shoulder range of motion, positive cross arm test, positive neer test. The treatment and diagnostic testing to date has included: Ketorolac injection, CT scan of brain-head (3-26-15) which is reported to be negative for acute intracranial abnormality; physical therapy (completed one session). Current medications listed: Ibuprofen; anti-hypertensive medications. She was prescribed Ibuprofen, Tizanidine, and Tramadol on 8-24-15. The provider noted request blood work "in order to ensure it is safe for this patient to hepatically metabolize and renally excrete the medications we are prescribing". Current work status: she has not worked since 3-26-15, and was placed on restricted work status effective 8-24-15. The request for authorization is for: creatine phosphokinase (cpk), C - reactive protein (crp), arthritis panel. The UR dated 9-1-15: certified the request for CBC, Chem 8 basic

metabolic panel, and hepatic panel; and non-certified creatine phosphokinase (cpk), C - reactive protein (crp), arthritis panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Creatine phosphokinase CPK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, Creatine phosphokinase (CPK) is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the injured worker's working diagnoses are cervical spine sprain strain; lumbar spine sprain strain; left shoulder rotator cuff impingement clinically; left shoulder pain; post concussion syndrome; and headaches. Date of injury is March 26, 2015. Request for authorization is August 25, 2015. According to an August 24, 2015 initial comprehensive orthopedic evaluation, the injured worker is a 43-year-old with complaints of low back pain neck, left shoulder, arm and head pain. Past medical history is notable for hypertension. There is no history of arthritis. The treating provider's rationale was to order the initial laboratories to check for the body's ability to metabolize medications. The treating provider ordered a basic metabolic profile in the CBC that was authorized. The treating provider also requested a CPK, C-reactive protein and an arthritis panel. There is no clinical indication or rationale for CPK, C-reactive protein or arthritis panel. Based on the clinical facts in the medical record, peer-reviewed evidence-based guidelines and no clinical indication or rationale, Creatine phosphokinase (CPK) is not medically necessary.

C-reactive protein CRP: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, C-reactive protein is not medically necessary. Thorough history taking is always important in the clinical

assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the injured worker's working diagnoses are cervical spine sprain strain; lumbar spine sprain strain; left shoulder rotator cuff impingement clinically; left shoulder pain; post concussion syndrome; and headaches. Date of injury is March 26, 2015. Request for authorization is August 25, 2015. According to an August 24, 2015 initial comprehensive orthopedic evaluation, the injured worker is a 43-year-old with complaints of low back pain neck, left shoulder, and arm and head pain. Past medical history is notable for hypertension. There is no history of arthritis. The treating provider's rationale was to order the initial laboratories to check for the body's ability to metabolize medications. The treating provider ordered a basic metabolic profile in the CBC that was authorized. The treating provider also requested a CPK, C- reactive protein and an arthritis panel. There is no clinical indication or rationale for CPK, C- reactive protein or arthritis panel. Based on the clinical facts in the medical record, peer- reviewed evidence-based guidelines and no clinical indication or rationale, C- reactive protein is not medically necessary.

Arthritis panel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, arthritis panel is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the injured worker's working diagnoses are cervical spine sprain strain; lumbar spine sprain strain; left shoulder rotator cuff impingement clinically; left shoulder pain; post concussion syndrome; and headaches. Date of injury is March 26, 2015. Request for authorization is August 25, 2015. According to an August 24, 2015 initial comprehensive orthopedic evaluation, the injured worker is a 43-year-old with complaints of low back pain neck, left shoulder, and arm and head pain. Past medical history is notable for hypertension. There is no history of arthritis. The treating provider's rationale was to order the initial laboratories to check for the body's ability to metabolize medications. The treating provider ordered a basic metabolic profile in the CBC that was authorized. The treating provider also requested a CPK, C- reactive protein and an arthritis panel. There is no clinical indication or rationale for CPK, C- reactive protein or arthritis panel. Based on the clinical facts in the medical

record, peer- reviewed evidence-based guidelines and no clinical indication or rationale, arthritis panel is not medically necessary.