

Case Number:	CM15-0187292		
Date Assigned:	09/29/2015	Date of Injury:	03/13/2007
Decision Date:	11/06/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/23/2015

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: 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 45 year old male, who sustained an industrial injury on 3-13-07. He reported back pain with radiation to the left leg. The injured worker was diagnosed as having lumbar sprain or strain, lumbar radiculitis, left side sciatica, and possible lumbar herniated nucleus pulposus. Treatment to date has included TENS, trigger point injections, chiropractic treatment, massage, and medication including Ibuprofen. On 8-6-15, the injured worker complained of pain in the lumbar spine. On 8-6-15 the treating physician requested authorization for CPK, arthritis panel, and CRP. On 8-31-15 the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 5161 and version 16.0.

Decision rationale: The measurement of serum levels of muscle enzymes is critical in evaluating patients presenting with weakness or myalgias and is important to follow the course and response to treatment. CPK or CK is the most widely used enzyme for this purpose. Serum levels may be elevated in the following conditions; inflammatory myopathies, infectious myopathies, dystrophinopathies, rhabdomyolysis, certain medication use, metabolic myopathies, malignant hyperthermia, endocrine myopathies, and periodic paralysis. They also may be elevated after exercise, in motor neuron disease, and other situations without neuromuscular disease. The levels may be used to monitor such diseases as dermatomyositis, polymyositis, or rhabdomyolysis. In our case there is no description of any symptoms which would make one suspect systemic or inflammatory arthritis and therefore the UR was correct in its decision and the request is not medically necessary.

Arthritis panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 7504 and version 14.0.

Decision rationale: RA should be considered in adults presenting with inflammatory arthritis. Basic and selected lab tests, including sedimentation rate, CRP, rheumatoid factor, anti-cyclin citrullinated peptide [CCP], and ANA are often ordered for diagnosis. Rheumatoid arthritis is often considered the classic form of inflammatory arthritis. However, in our case there is no description of any symptomatology that would make one suspect and inflammatory arthritis such as rheumatoid arthritis. Therefore, arthritis panel was not indicated in this patient. The UR was justified in its decision and the request is not medically necessary.

CRP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 7483 and version 17.0.

Decision rationale: An increase in concentration of proteins that are regarded as acute phase reactants or [APR] accompany inflammation and tissue injury. CRP was the first acute phase protein recognized and utilized. The other most widely used acute phase reactant is the sedimentation rate. Their elevation accompany both acute and chronic inflammatory states. The CRP elevation may be useful in monitoring and helping to diagnose rheumatoid arthritis, polymyalgia rheumatic and giant cell arteritis, SLE, cardiovascular disease, infection, malignancy, and other chronic infections. Markedly elevated levels are strongly associated with infection. In our patient there is no description of symptoms, which would make one need to test for a systemic inflammatory process causing the patients malady. Therefore, the UR is correct and this test is not medically necessary.