

Case Number:	CM15-0034386		
Date Assigned:	03/02/2015	Date of Injury:	02/04/2008
Decision Date:	04/08/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/23/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 39 year old male, who sustained an industrial injury on 02/04/2008. He has reported subsequent low back and right ankle pain and was diagnosed with sacroilitis, thoracic or lumbosacral neuritis or radiculitis, postlaminectomy syndrome of the lumbar spine, degeneration of lumbosacral intervertebral disc and chronic pain syndrome. Treatment to date has included oral pain medication, application of heat and ice, rest, surgery and a home exercise program. A QME report dated 12/09/2014, noted that HLA antigen testing should be performed to rule out the possibility of ankylosing spondylitis. In a progress note dated 12/18/2014, the injured worker complained of bilateral hip pain that was rated as 6-7/10 with medication and 10/10 without medication. Objective physical examination findings were notable for significant tenderness to palpation over the bilateral sacroiliac joints and paraspinal lumbar musculature with diffuse tenderness of the lumbosacral region, positive bilateral Patrick's test, decreased range of motion and dysesthesia and hypoaesthesia of the lateral calves and feet. A request for authorization of human leukocyte antigen was made. On 02/18/2015, Utilization Review non-certified a request for human leukocyte antigen, noting that the request was unclear and documentation was insufficient to prove medical necessity. Up To Date guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Human Leukocyte Antigen B27: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up To Date, online version 19.3, Clinical manifestations of ankylosing spondylitis in adults.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: HLA-B27 Syndromes, (<http://emedicine.medscape.com/article/1201027-overview#a1>).

Decision rationale: The MTUS Guidelines do not address HLA B27 testing for back pain. The genetic marker is associated with autoimmune diseases such as uveitis, ankylosing spondylitis, reactive arthritis, inflammatory bowel disease, and psoriatic arthritis. Ordering the HLA B27 test may be considered when a patient exhibits symptoms/signs suggestive of one of these diagnoses to help clarify the diagnosis. As with all tests, there needs to be a plan to change the treatment based on the result for the test to be justified. In this case, if the provider would have planned on treating his condition as an autoimmune disease solely based on the result of the HLA B27 test, then it might be justified. However, the worker is not exhibiting enough symptoms to suggest his symptoms were not entirely unrelated to any autoimmune disease, based on the documentation available for review, and treatment based on only one test result would be inappropriate. Therefore, the HLA B27 test cannot be justified and will be considered medically unnecessary, in the opinion of this reviewer.