

Case Number:	CM15-0059302		
Date Assigned:	04/03/2015	Date of Injury:	07/27/2013
Decision Date:	05/05/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/30/2015

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: Preventive Medicine, Occupational 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 55-year-old female, with a reported date of injury of 07/27/2013. The diagnoses include lumbar radiculopathy, lumbar facet syndrome, lumbosacral sprain, and cervical radiculopathy. Treatments to date include an MRI of the cervical spine, oral medications, topical pain medication, a transcutaneous electrical nerve stimulation (TENS) unit, an x-ray of the lumbar spine, and an electromyography/nerve conduction study of the bilateral lower extremities. The medical report dated 02/19/2015 indicated that the injured worker complained of persistent low back pain, bilateral hip pain, and left lower extremity pain with numbness and weakness. She also had neck and left upper extremity pain with numbness and weakness. The physical examination showed reduced lumbar range of motion, severe tenderness over the left lumbar paravertebral and gluteal muscle, moderate tenderness over the right gluteal muscle, and a severely antalgic gait to the left. The treating physician requested an outpatient diagnostic evaluation sedimentation, uric acid, complete blood count, and Lyme disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic evaluation sedimentation, uric acid, complete blood count (CBC), and Lyme disease: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html; <http://www.nhlbi.nih.gov/health/health-topics/topics/sibd/>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lane SK. Clinical Utility of Common Serum Rheumatologic Tests. Am Fam Physician. 2002 Mar 15; 65(6):1073-1081.

Decision rationale: Erythrocyte sedimentation rate (ESR), uric acid level, complete blood count (CBC) and Lyme's Disease titers are all tests used to screen for rheumatologic disease. The ESR can show active rheumatoid arthritis, polymyalgia rheumatica and temporal arthritis. Uric acid may reveal gout. CBC may reveal anemia associated with chronic disease and Lyme's Disease titer will reveal presence of Lyme's Disease. The provider ordered these tests to "screen for a rheumatologic source for the patient's medical symptoms". The patient has had symptoms since her injury in 2013 yet still has significant symptomatology despite appropriate care. In light of that history, screening for other etiologies of the patient's symptoms is appropriate as it may direct further therapy. Therefore, the request is medically necessary.