

<b>Case Number:</b>	CM15-0063149		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	09/15/2014
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: Texas, Florida, 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 41-year-old male who sustained an industrial injury on 9/15/14. He has reported falling backwards off a cliff onto his back while using a saw. The diagnoses have included lumbar strain/sprain, chronic lumbar pain and lumbar degenerative disc disease (DDD). Treatment to date has included medications, activity modifications, physical therapy, and conservative measures. The Magnetic Resonance Imaging (MRI) of the lumbar spine was done on 2/9/15. The x-rays of the lumbar spine were done on 9/30/14. Currently, as per the physician progress initial orthopedic evaluation note dated 3/10/15, the injured worker complains of pain in the lumbar spine rated 7-8/10 on pain scale. The pain radiates to the right leg and is associated with tingling and muscle spasms. He also complains of limited lumbar range of motion. The physical exam of the lumbar spine revealed tenderness to palpation over the paraspinal muscles and the sensation was decreased in the bilateral extremities. Work status was to return to work on 3/10/15 with restrictions. The physician requested treatments included labs of C - reactive protein (CRP) and Arthritis Panel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C-reactive Protein (CRP):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/health/health-topics/topics/bdt/>.

**Decision rationale:** The MTUS and ODG are silent on blood tests. Other resources were examined. The National Institutes of Health notes that blood tests check for certain diseases and conditions, the function of your organs, show how well treatments are working, diagnose diseases and conditions such as cancer, HIV/AIDS, diabetes, anemia, and coronary heart disease, find out if there are risk factors for heart disease, check whether medicines are working, or if blood is clotting. In this case, the doctor does not disclose the basis for the blood tests; and it is not clear the impact on improving the patient's functionality post injury. A C-reactive protein measurement is a very non-specific test; if positive it might indicate there is inflammation in the body, but no other information. The benefit of the test in this claimant's case is not at all clear. There ultimately was insufficient information to do a valid review of clinical necessity of the proposed service. The request not medically necessary under the medical sources reviewed.

**Arthritis Panel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/health/health-topics/topics/bdt/>.

**Decision rationale:** The MTUS and ODG are silent on blood tests. Other resources were examined. The National Institutes of Health notes that blood tests check for certain diseases and conditions, the function of your organs, show how well treatments are working, diagnose diseases and conditions such as cancer, HIV/AIDS, diabetes, anemia, and coronary heart disease, find out if there are risk factors for heart disease, check whether medicines are working, or if blood is clotting. In this case, the doctor does not disclose the basis for the blood tests; and it is not clear the impact on improving the patient's functionality post injury. It is clear from the mechanism of injury i.e. falling onto the back, that there is a mechanical basis for the injury, not a degenerative or constitutional arthritic one. In the context of injury care for this specific case, it is not clear how an arthritic panel would aid care for the injury. There was insufficient information to do a valid review of clinical necessity of the proposed service. The request is not medically necessary under the medical sources reviewed.