

<b>Case Number:</b>	CM14-0181407		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	04/22/2010
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 22, 2010. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar fusion surgery; a 28% whole-person impairment rating; and extensive periods of time off of work. In a Utilization Review Report dated October 15, 2014, the claims administrator denied a laboratory testing to include a 'celiac sprue panel' and a C-reactive protein. The claims administrator did reference a report of September 18, 2014 in which the applicant did present with issues associated with bloating, abdominal pain, constipation, diarrhea, and reflux. The claims administrator suggested that the applicant had already well characterized issues with reflux and that further testing was not needed here. In a December 3, 2013 progress note, it was acknowledged that the applicant had lost her job as a forklift operator. The applicant was using Norco, multivitamins, Protonix, and Zofran, it was acknowledged. The applicant's past medical history was notable for reflux, dyslipidemia, low back pain, and two prior spine surgeries. The applicant had an esophagogastroduodenoscopy (EGD) in July 2013 notable for gastric ulcer and duodenal ulceration. The applicant was asked to continue Protonix. A repeat EGD was endorsed. In an orthopedic note dated September 25, 2014, the applicant reported ongoing complaints of low back pain radiating into the right leg. The applicant did exhibit a visible limp in the clinic. Multiple medications were renewed. Lumbar CT scan and lumbar MRI were endorsed, along with unspecified topical compounded medications. The applicant was asked to pursue epidural steroid injection therapy. In a September 17, 2014 progress note, the applicant was placed off of work, on total temporary disability. The applicant was having a variety of psychological issues, including depression, anxiety, familial issues, and loss of her job. Norco was renewed. The applicant was asked to obtain a psychology/psychiatry

evaluation while remaining off of work. An abdominal ultrasound of July 29, 2014 was read as negative for any acute abdominal pathology. A laboratory testing of July 31, 2014 was notable for normal white count of 5900, normal hemoglobin and hematocrit of 13.8 and 42.1, and normal platelet count of 333,000. An EGD report of January 28, 2014 was notable for normal duodenum, normal stomach, healed gastric ulcers, and normal esophagus. The applicant was asked to continue Prilosec. The remainder of the file was surveyed. The September 28, 2014 progress note which the claims administrator based its denial on was seemingly not incorporated into the Independent Medical Review packet.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Celiac Sprue Panel:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape, Celiac Sprue Clinical Presentation, Treatment, and Management article

**Decision rationale:** The MTUS does not address the topic. However, as noted by Medscape, symptoms such as diarrhea, weakness, fatigue, abdominal pain, bloating, cramps, flatulence, etc., can all be suggestive of celiac sprue. As further noted by Medscape, serology testing for specific antibodies can help to confirm celiac disease. It is important to confirm a diagnosis of celiac sprue, as confirming this diagnosis would necessitate changes in the applicant's diet, Medscape goes on to note. Here, contrary to what was suggested by the claims administrator, it is not altogether clear that the applicant's symptoms are a function of reflux and/or erosive esophagitis. The applicant did have a repeat EGD on January 27, 2014 which suggested that the applicant's previous erosive ulceration associated with reflux had healed. Given the reported presentation on September 18, 2014 with symptoms including bloating, abdominal pain, cramping, diarrhea, etc., testing for celiac sprue is important here. Therefore, the request is medically necessary.

#### **CRP (C-Reactive protein):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 208, "tests for autoimmune diseases" can be useful to screen for inflammatory autoimmune sources of pain. By analogy, autoimmune testing/inflammatory testing in the form of the CRP at issue can be helpful in establishing the presence of an inflammatory process such as celiac sprue. Therefore, the request is medically necessary.

