

<b>Case Number:</b>	CM15-0016843		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	05/16/2008
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: 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 53-year-old female who reported an injury on 05/16/2008. The injured worker was reportedly knocked off of a horse. The current diagnosis is difficulty swallowing. The injured worker presented on 09/29/2014 with complaints of thickness of the tongue and difficulty swallowing. The injured worker also noted weakness in the bilateral upper extremities. Upon examination, there was a lump at the base of the skull with mild tenderness. There was limited flexion and extension of the lumbar spine, there was tenderness to palpation of the lumbar and cervical spine, and there was intact sensation. The injured worker utilized a cane for ambulation assistance. There was 5-/5 motor weakness. Recommendations included multiple laboratory studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Labs: Acetylcholine receptor antibodies, Anti-MUSK antibodies, MSK TSH, CPK, ESR, ANA, RF, MG Labs:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, MRI; Neck Chapter, Head Chapter, Vestibular Studies

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Last modified on March 31, 2014. Lab Tests Online, HON code standard for trustworthy health information. i6/2001 - 2014 by American Association for Clinical Chemistry.

**Decision rationale:** According to the American Association for Clinical Chemistry, the colon esterase testing can be used to detect and diagnose organophosphate pesticide exposure and/or poisoning and can also be used several days prior to a surgical procedure. Thyroid stimulating hormone test is often the test of choice for evaluating thyroid function and/or symptoms of a thyroid disorder. The erythrocyte sedimentation rate is a relatively simple, inexpensive nonspecific test that has been used for many years to detect inflammation associated with conditions such as infections, cancers, and autoimmune diseases. The antinuclear antibody test is used as a primary test to help evaluate a person for an autoimmune disorder that affects many tissues and organs throughout the body. The rheumatoid factor test is primarily used to help diagnose rheumatoid arthritis and distinguish RA from other forms of arthritis. In this case, the injured worker has neurological symptoms including dysphagia, weakness and an abnormal gait. The injured worker also has vertigo. The tests are appropriate in this case.