

<b>Case Number:</b>	CM15-0178025		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	01/04/2013
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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, North Carolina  
 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 52 year old female injured worker suffered an industrial injury on 1-4-2013. The diagnoses included complex regional pain syndrome right and left upper extremity. On 8-17-2015 the treating provider reported severe pain with minimal relief. The pain in the right hand burns and radiated up to the neck that was rated 9 out of 10. The provider noted the pain with the use of Norco and Lyrica goes to 2 out of 10. Prior treatments included Lexapro, Lyrica, Norco, Tramadol, Hydroxyzine, Lexapro and Xanax. Handwritten notes for 5-7-2015, 6-5-2015 and 8-17-2015 were difficult to read. The requested testing was for polyarthritis and polymyalgia that was noted on the 8-17-2015 prescription for the tests by the provider. The rationale for the requested treatments was not included in the medical record. Request for Authorization date was 8-17-2015. The Utilization Review on 8-24-2015 determined non-certification for CBC with differential, Erythrocyte sedimentation rate (ESR), Antinuclear test (ANA), C reactive protein test (CRP) and Rheumatoid factor (RF).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CBC with differential:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

**Decision rationale:** In this case, the claimant complains of muscular pain. The request is for a CBC to evaluate for polymyalgia and polymyositis. The diagnosis is CRPS. There is no rationale presented to support the CBC being requested. There is no rationale provided for how the test results will alter the treatment plan. A CBC will not rule in or out polymyalgia or polymyositis. Therefore the request for a CBC is not medically necessary or appropriate.

**Erythrocyte sedimentation rate (ESR):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation national Library of Medicine.

**Decision rationale:** In this case, the claimant complains of muscular pain. The request is for an erythrocyte sedimentation rate (ESR) to evaluate for possible polymyalgia or polymyositis. There is no rationale presented to support the ESR that is requested. There is no rationale presented for how the ESR will alter the patient's treatment plan. The ESR is not diagnostic for polymyalgia or polymyositis. Therefore the request is not medically necessary or appropriate.

**Antinuclear test (ANA):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

**Decision rationale:** In this case, the claimant complains of muscular pain. The ANA test is being requested to evaluate for the possible diagnosis of polymyalgia/polymyositis. There is no rationale presented to support the request for the ANA. The ANA is utilized to investigate patients with signs of autoimmune diseases, such as systemic lupus erythematosus. This patient does not exhibit signs of autoimmune disorder. There is no rationale presented for how the ANA test will alter the patient's treatment plan. Therefore the request for an ANA is not medically necessary or appropriate.

**C-Reactive protein test (CRP):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

**Decision rationale:** In this case, the claimant complains of muscular pain. The request is for a C-reactive protein (CRP) test to evaluate the diagnosis of polymyositis/polymyalgia. There is no rationale presented to support the request for a CRP. A CRP test checks for the general presence of inflammation in the body. There is no rationale presented for how a CRP will alter the patient's treatment plan. Therefore the request is not medically necessary or appropriate.

**Rheumatoid factor (RF):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

**Decision rationale:** In this case, the claimant complains of muscular pain. The request is for a rheumatoid factor test to evaluate for the possibility of polymyositis or polymyalgia. There is no rationale presented to support the request for a Rheumatoid Factor test. The patient has no signs/symptoms consistent with rheumatoid arthritis. There is no rationale presented for how the test will alter the patient's treatment plan. Therefore the request is not medically necessary or appropriate.