

Case Number:	CM15-0027695		
Date Assigned:	02/20/2015	Date of Injury:	06/10/2011
Decision Date:	04/03/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 58 year old female sustained a work related injury on 06/10/2011. According to a progress report dated 12/22/2014, the injured worker presented with complaints in her back, left shoulder and left upper extremity. She was working part time and the medication she was taking did not help much with her pain. Objective findings included restricted range of motion in the left shoulder with flexion and abduction at 90 degrees. Provocative testing was positive. She had pain with her arm in the behind-the-back position. There was tenderness over the lumbar spine and she complained of pain radiating to her left lower extremity. There was swelling of the left hand and stiffness of the left index finger with limited proximal interphalangeal flexion. Diagnoses included lumbar strain with radicular complaints and disc disease and shoulder impingement with labral tear and swelling of the upper extremity. Treatment plan included a complete blood cell count and rheumatoid arthritis panel, Mobic and Vicodin. Approval was pending regarding the injured worker seeing pain management. On 01/12/2015, Utilization Review non-certified blood test for CBC (complete blood cell count) and RA (rheumatoid arthritis) panel. According to the Utilization Review physician, there was insufficient information provided by the attending health care provider to associate or establish the medical necessity or rationale for the requested laboratory studies. Official Disability Guidelines, Low Back was referenced for the complete blood cell count. For the rheumatoid arthritis panel, <http://www.ncbi.nlm.nih.gov/pubmed/3262732> was referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood test for CBC (complete blood count) and RA (rheumatoid arthritis) panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative lab testing and on the Non-MTUS <http://www.ncbi.nlm.nih.gov/pubmed/3262732>, How useful are combinations of blood tests in "rheumatic panels" in diagnosis of rheumatic diseases? Lichtenstein, MJ1, Pincus T.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, a complete blood count and (RA panel) rheumatoid arthritis panel is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are lumbar strain with radicular complaints and disc disease; and shoulder impingement with labral tear and swelling of the upper extremity. The medical record contains 13 pages. The documentation, pursuant to a December 22, 2014 progress note, does not provide a clinical indication or rationale for a rheumatoid arthritis panel or complete blood count. The injured worker is being treated for low back and radicular complaints in addition to a shoulder impingement. Consequently, absent clinical documentation to support a rheumatoid arthritis panel and a complete blood count, a complete blood count and (RA panel) rheumatoid arthritis panel is not medically necessary.