

Case Number:	CM15-0068250		
Date Assigned:	04/15/2015	Date of Injury:	08/07/2014
Decision Date:	06/30/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/10/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38-year-old female, with a reported date of injury of 08/07/2014. The diagnoses include neck pain, cervical facet dysfunction, low back pain, lumbar facet dysfunction, myalgia, and possible carpal tunnel syndrome versus ulnar neuropathy. Treatments to date have included trigger point injections to the neck, acupuncture, a functional capacity evaluation, an MRI of the lumbar spine and upper back, oral medication, chiropractic therapy, and home exercise program. The pain management consultation report dated 02/18/2015 indicates that the injured worker complained of headaches, neck pain, upper back pain, low back pain, and shoulder pain. The physical examination showed normal cervical spine range of motion, negative straight leg raise test, positive facet loading test, normal sensation and strength in the bilateral upper and lower extremities, and tenderness to palpation over the cervical paraspinal musculature, upper trapezius, scapular border, lumbar paraspinal muscles, sacroiliac joint region, greater trochanteric bursa, left knee, and shoulders. The treating physician requested a C-reactive protein test, one rheumatoid factor test, an erythrocyte sedimentation rate, and one antinuclear antibody test to rule out options for possible diagnosis of fibromyalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 C-Reactive protein test: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://jms.rsmjournals.com/> - Journal of Medical Screening.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cleveland Clinic www.clevelandclinicmeded.com/medicalpubs/diseasemanagement/rheumatology/laboratory-evaluation-rheumatic-diseases/Default.htm, Mayoclinic.org.

Decision rationale: Per the 02/18/15 Pain Management report the patient presents with headaches, neck pain, upper back pain, low back pain, and shoulder pain. She also complains of sleep difficulties, psychological problems, dizziness, loss of balance, metabolic disorder and sexual dysfunction. The current request is for 1 C-REACTIVE PROTEIN TEST per the 02/18/15 report. The RFA is not included. The patient is not working. MTUS, ACOEM, and ODG Guidelines do not specifically discuss rheumatologic laboratory testing. However, for fibromyalgia, Mayoclinic.org recommends CBC, ESR and thyroid function tests. If rheumatologic diseases are suspected, Clevelandclinicmeded.com supports CRP, ESR, Rheumatoid factors, ANA tests. The patient is currently prescribed an NSAID, Ibuprofen; however, the treating physician states that this request is to rule out possible options of fibromyalgia. CRP (C-Reactive protein) is a blood test to measure inflammation, used typically for rheumatoid disease. Given the Mayo clinic recommendations of CBC, ESR and thyroid function tests, and to possibly r/o rheumatologic disease, the request IS medically necessary.

1 Rheumatoid factor test: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/3954279>, Pubmed.gov Ann Intern Med. 1986 Apr; 104(4): 515-23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cleveland Clinic www.clevelandclinicmeded.com/medicalpubs/diseasemanagement/rheumatology/laboratory-evaluation-rheumatic-diseases/Default.htm, Mayoclinic.org=.

Decision rationale: Per the 02/18/15 Pain Management report the patient presents with headaches, neck pain, upper back pain, low back pain, and shoulder pain. She also complains of sleep difficulties, psychological problems, dizziness, loss of balance, metabolic disorder and sexual dysfunction. The current request is for 1 RHEUMATOID FACTOR TEST per the 02/18/15 report. The RFA is not included. The patient is not working. MTUS, ACOEM, and ODG Guidelines do not specifically discuss rheumatologic laboratory testing. However, for fibromyalgia, Mayoclinic.org recommends CBC, ESR and thyroid function tests. If rheumatologic diseases are suspected, Clevelandclinicmeded.com supports CRP, ESR, Rheumatoid factors, ANA tests. The patient is currently prescribed an NSAID, Ibuprofen; however, the treating physician states that this request is to rule out possible options of fibromyalgia. The requested test measures Rheumatoid factors that are proteins most often

associated with autoimmune diseases. Given the Mayo clinic recommendations of CBC, ESR and thyroid function tests, and to possibly r/o rheumatologic disease, the request IS medically necessary.

1 Erythrocyte Sedimentation rate: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/3954279>, Pubmed.gov Ann Intern Med. 1986 Apr; 104(4): 515-23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cleveland Clinic www.clevelandclinicmeded.com/medicalpubs/diseasemanagement/rheumatology/laboratory-evaluation-rheumatic-diseases/Default.htm, Mayoclinic.org.

Decision rationale: Per the 02/18/15 Pain Management report the patient presents with headaches, neck pain, upper back pain, low back pain, and shoulder pain. She also complains of sleep difficulties, psychological problems, dizziness, loss of balance, metabolic disorder and sexual dysfunction. The current request is for 1 ERYTHROCYTE SEDIMENTATION RATE--ESR. Per the 02/18/15 report. The RFA is not included. The patient is not working. MTUS, ACOEM, and ODG Guidelines do not specifically discuss rheumatologic laboratory testing. However, for fibromyalgia, Mayoclinic.org recommends CBC, ESR and thyroid function tests. If rheumatologic diseases are suspected, Clevelandclinicmeded.com supports CRP, ESR, Rheumatoid factors, ANA tests. The patient is currently prescribed an NSAID, Ibuprofen; however, the treating physician states that this request is to rule out possible options of fibromyalgia. ESR is a common hematology test and is a non specific measure of inflammation. Given the Mayo clinic recommendations of CBC, ESR and thyroid function tests, and to possibly r/o rheumatologic disease, the request IS medically necessary.

1 Antinuclear Antibody test: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/3954279>, Pubmed.gov Ann Intern Med. 1986 Apr; 104(4): 515-23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cleveland Clinic www.clevelandclinicmeded.com/medicalpubs/diseasemanagement/rheumatology/laboratory-evaluation-rheumatic-diseases/Default.htm, Mayoclinic.org.

Decision rationale: Per the 02/18/15 Pain Management report the patient presents with headaches, neck pain, upper back pain, low back pain, and shoulder pain. She also complains of sleep difficulties, psychological problems, dizziness, loss of balance, metabolic disorder and sexual dysfunction. The current request is for 1 ANTINUCLEAR ANTIBODY TEST-ANA. Per the 02/18/15 report. The RFA is not included. The patient is not working. MTUS, ACOEM, and ODG Guidelines do not specifically discuss rheumatologic laboratory testing. However, for

fibromyalgia, MayoClinic.org recommends CBC, ESR and thyroid function tests. If rheumatologic diseases are suspected, ClevelandClinicMed.com supports CRP, ESR, Rheumatoid factors, ANA tests. The patient is currently prescribed an NSAID, Ibuprofen; however, the treating physician states that this request is to rule out possible options of fibromyalgia. ANA is a primary test to help evaluate a person for autoimmune disorders. Given the Mayo clinic recommendations of CBC, ESR and thyroid function tests, and to possibly r/o rheumatologic disease, the request IS medically necessary.