

Case Number:	CM15-0076900		
Date Assigned:	04/28/2015	Date of Injury:	06/30/2013
Decision Date:	06/30/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/22/2015

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: Texas, 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 37 year old female, who sustained an industrial injury on June 30, 2013. She has reported back pain, hip pain, and shoulder pain. Diagnoses have included femoral acetabular impingement, trochanteric bursitis, lumbar spine strain/sprain, lumbar spine radiculopathy, thoracic spine strain/sprain, and lumbar spine disc syndrome. Treatment to date has included medications, chiropractic treatment, and imaging studies. A progress note dated April 3, 2015 indicates a chief complaint of left hip pain radiating to the thigh, upper back pain, lower back pain, and left shoulder pain. Physical examination revealed normal gait, full ROM of thoracic spine and left shoulder and limited range of motion of lumbar spine, positive Faber Patrick test. The treating physician documented a plan of care that included medications, blood work, transcutaneous electrical nerve stimulator unit, and continuation of care with an orthopedic hip specialist. The medication list include Ibuprofen, Tramadol, Compazine, Fioricet and Omeprazole. The patient has used a TENS unit. The patient had received lumbar ESI for this injury. The patient has had MRI of the lumbar spine on 7/25/13 that revealed disc bulge with foraminal narrowing, and facet hypertrophy; EMG of bilateral LE on 10/10/13 with normal findings. The patient has had urine drug screen test on 8/4/14 that was negative for all medication. The patient sustained the injury due to slip and fall incident. Any surgery or procedures related to this injury were not specified in the records provided. Previous lab reports were not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

C-reactive protein test: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed The role of biomarkers in the management of patients with rheumatoid arthritis. Curr Rheumatol Rep. 2009;11(5): 371 PubMed Rheumatoid arthritis: relation of serum C-reactive protein and erythrocyte sedimentation rates to radiographic changes.Br Med J. 1977; 1(6055): 195.

Decision rationale: Request: C-reactive protein test. ACOEM and ODG guideline do not specifically address this issue. Hence other references were used. As per cited guideline "Assessment of disease activity and severity is currently based on a combination of clinical and laboratory parameters that aid treatment decisions. Use of biomarkers may provide a more accurate means of objectively assessing the disease. Serum C reactive protein (CRP) levels and erythrocyte sedimentation rates (ESR) were measured in 56 patients. Radiographical damage, based on a count of erosions, was significantly more likely to occur when serum CRP and ESR were persistently raised, irrespective of the presence or absence of rheumatoid factor. Measurements of both CRP and ESR were more helpful than either alone, but CRP was probably the more informative. A CRP would help to screen for the presence of a subtle sub clinical infection or other connective tissue disease. The request for the C-reactive protein test is medically necessary and appropriate.

Creatine phosphokinase test: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guidelines - Routine Suggested Monitoring: page 70. Decision based on Non-MTUS Citation PubMed The role of biomarkers in the management of patients with rheumatoid arthritis. Curr Rheumatol Rep. 2009; 11(5): 371.

Decision rationale: Creatine phosphokinase test. ACOEM and ODG guideline do not specifically address this issue. Hence other references were used. As per cited guideline "Assessment of disease activity and severity is currently based on a combination of clinical and laboratory parameters that aid treatment decisions. Use of biomarkers may provide a more accurate means of objectively assessing the disease." Per the cited guidelines, "Routine Suggested Monitoring: Recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). The rationale for a Creatine phosphokinase test was not specified in the records provided. Previous lab reports were not specified in the records provided. The medical necessity of the request for Creatine phosphokinase test is not fully established for this patient.

Arthritis Panel: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guidelines - Routine Suggested Monitoring: page 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PubMed The role of biomarkers in the management of patients with rheumatoid arthritis. Curr Rheumatol Rep. 2009; 11(5): 371.

Decision rationale: Arthritis Panel. The Arthritis Screening Panel includes the following tests: 1. Complete Blood Count (CBC). 2. Chemistry Panel (16 essential tests). 3. C-Reactive Protein (High Sensitivity). 5. Rheumatoid Factor. 6. Antinuclear Antibodies Chemistry Panel, which analyzes electrolytes, sugar, proteins, and enzymes including sodium, potassium, calcium, glucose and liver/kidney function tests; and a Sedimentation Rate, which detects and monitors inflammation in the body. ACOEM and ODG guideline do not specifically address this issue. Hence other references were used. As per cited guideline "Assessment of disease activity and severity is currently based on a combination of clinical and laboratory parameters that aid treatment decisions. Use of biomarkers may provide a more accurate means of objectively assessing the disease. Per the cited guidelines, for patients taking NSAIDS, "Routine Suggested Monitoring:" recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests)." The patient is having chronic musculoskeletal pain, and has been taking NSAIDS for a prolonged period of time. So checking a CBC, chemistry profile (including liver and renal function tests) is medically appropriate and necessary to monitor for side effects from NSAIDS. In addition, in this patient with chronic musculoskeletal pain, it is important to rule out connective tissue disease. The lab tests in the arthritis panel also include tests for that purpose. The Arthritis Panel is deemed necessary and appropriate in this patient.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) page 114.

Decision rationale: TENS unit. According the cited guidelines, electrical stimulation (TENS), is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness." Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). According the cited guidelines, Criteria for the use of TENS is there

is evidence that other appropriate pain modalities have been tried (including medication) and failed. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. Any evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided. Patient has received an unspecified number of chiropractic visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. In addition a treatment plan including the specific short- and long-term goals of treatment with the TENS unit was not specified in the records provided. The records provided did not specify any recent physical therapy with active PT modalities or a plan to use TENS as an adjunct to a program of evidence-based functional restoration. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse was not specified in the records provided. The medical necessity of the TENS unit is not fully established and therefore the need for the TENS unit supplies is also not established. The medical necessity of the request for TENS unit is not fully established for this patient.