

<b>Case Number:</b>	CM14-0143789		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/02/2013
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 47 year-old woman who was injured at work on 1/2/2013. The injury was primarily to her back and knees. She is requesting review of denial for the following laboratory tests: CBC, Chemistry Panel, ESR, CRP, ANA, and Rheumatoid Factor. Medical records are included for review and corroborate ongoing care for her injuries. She underwent a Qualified Medical Examination on 7/9/2014. The evaluation included the following diagnostic impression: Bilateral Knees Degenerative Disease (no evidence on physical examination or electrodiagnostics of medical - metabolic- rheumatologic issue); Low Back Strain Symptoms - (similar comments relevant to metabolic - medical inflammatory disorder); Right Shoulder Symptoms - no evidence of gross derangement; Possible Relevant Medical - Metabolic - Inflammatory - Neurological Situation. The provider performing the QME requested these specific laboratory tests for the following reasons: "It is clear that most of this claimant's difficulty precedes the injury of January 2013 - it is not yet clear to what extent the claimant's preexisting musculoskeletal difficulties represent cumulative occupational efforts."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Labs (CBC, Chem Panel, ESR, CRP, ANA, RA): Upheld**

**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/8952255>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: See below in text.

**Decision rationale:** The MTUS/ACOEM and Official Disability Guidelines do not comment on the use of these requested laboratory tests. The medical records indicate that the physician requesting these tests is specifically looking for evidence of an autoimmune disease that potentially predated this patient's January, 2013 injury. In screening for autoimmune disease, it is typical in practice to order a CBC, Comprehensive Metabolic Panel, ESR, CRP, ANA and Rheumatoid Factor. The key question in this case is whether there is sufficient clinical suspicion of an autoimmune disease (e.g. Systemic Lupus Erythematosus, and Rheumatoid Arthritis). The American College of Rheumatology ([https://www.rheumatology.org/Practice/Clinical/Classification/Classification\\_Criteria\\_for\\_Rheumatic\\_Diseases/](https://www.rheumatology.org/Practice/Clinical/Classification/Classification_Criteria_for_Rheumatic_Diseases/)) provides classification criteria for autoimmune diseases. For example, for Lupus, they present seven different clinical criteria that suggest this condition. These clinical criteria include: malar rash, discoid rash, photosensitivity, oral ulcers, nonerosive arthritis, pleuritis/pericarditis, and a neurologic disorder (seizures or psychosis). For Rheumatoid Arthritis, they present a scoring system based on the number of large and small joints involved with definite clinical synovitis. For other rheumatologic conditions, they describe other clinical findings consistent with an autoimmune process. These include: fever, weight loss, alopecia, Raynaud's Phenomenon, and edema. The reference source UpToDate (2014) has a chapter on the "Measurement and Clinical Significance of Antinuclear Antibodies." In this chapter there is a section labeled "Clinical Limitations of ANA Testing." This section states: "The higher the prior probability that a patient has a systemic autoimmune disease, the more likely the results of an ANA test will assist in establishing the diagnosis. As an example, if there is clinical evidence of lupus (e.g. photosensitivity, pleurisy), systemic sclerosis (e.g. Raynaud's phenomenon, skin changes), or Sjogren's Syndrome (e.g. dry eyes and dry mouth), the ANA results are likely to be helpful. In contrast, if the ANA test is ordered less discriminately, the majority of the positive results will likely represent false positive results and may potentially distract the clinician from the correct diagnosis." In summary, the information described above from the American College of Rheumatology, indicates that the clinical suspicion of an autoimmune disease should guide the performance of laboratory tests, such as those ordered in this case. In reviewing the medical records, there is no clinical information provided that suggests that this patient's condition is due to an autoimmune disorder. Specifically, there is no evidence that the patient has any of the clinical signs described above that warrant the laboratory screening tests requested. Therefore, the listed tests are not considered as medically necessary.