

Case Number:	CM15-0121707		
Date Assigned:	07/02/2015	Date of Injury:	03/15/2012
Decision Date:	10/07/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/23/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

The injured worker is a 35 year old female, who sustained an industrial injury on 3/15/12. She reported pain in her lower back after a trip and fall accident. The injured worker was diagnosed as having lumbar radiculitis, myofascial pain syndrome, piriformis syndrome and chronic pain syndrome. Treatment to date has included physical therapy with some benefit, chiropractic treatments, acupuncture, a lumbar epidural injection x 2, Gralise and Ultram. As of the PR2 dated 4/9/15, the injured worker reports pain in her lower back that radiates into her legs. She also has daily headaches. She rates her pain a 2/10 at best and a 9/10 at worst. Objective findings include a negative straight leg raise test, tenderness in the paravertebral muscles and a positive Tinel's test at C6-C7. The treating physician requested a sedimentation rate, a folate test, an anti- nuclear antibody, a comprehensive metabolic panel, a vitamin B12 level, a complete blood count with differential and a thyroid function test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sedimentation rate: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.healthcompliance.info.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kushner I, et al. Acute phase reactants. Topic 7483, version 17.0. UpToDate, accessed 10/03/2015.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. The erythrocyte sedimentation rate is a non-specific blood test that looks at any swelling, infection, or inflammation in the body. However, certain on-going diseases can also increase this test. The submitted and reviewed records indicated the worker was experiencing lower back pain that goes into the legs, right leg tingling, pain with numbness and tingling in the arms, and headaches. There was no discussion sufficiently suggesting the reason this blood test was necessary in this setting, reporting signs or symptoms suggesting a problem that would be shown with this test, documenting medications that require this test for safety monitoring, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for an erythrocyte sedimentation rate is not medically necessary.

Folate test: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.bcshguidelines.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schrier SL, et al. Diagnosis and treatment of vitamin B12 and folate deficiency. Topic 7155, version 30.0. UpToDate, accessed 10/03/2015.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. People who do not have enough vitamin B12 and/or folate in their bodies tend to have anemia (low "blood count") with large blood cells; unexplained findings suggesting a nerve problem, such as problems thinking or remembering things, weakness, or tingling; hypersegmented neutrophils, a nonspecific finding when the blood is looked at with a microscope; and/or multiple elements of the blood are seen at lower levels than expected. People who have had surgery as a treatment for being very overweight, alcoholics, those who do not eat a healthy diet, and older adults have an increased risk for this condition. The submitted and reviewed records indicated the worker was experiencing lower back pain that goes into the legs, right leg tingling, pain with numbness and tingling in the arms, and headaches. In light of this supportive evidence, the current request for a blood test to check the worker's folate level is medically necessary.

One anti-nuclear antibody: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cap.org/apps, Guidelines for Clinical Use of the Antinuclear Antibody test.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bloch DB, et al. Measurement and clinical significance of antinuclear antibodies. Topic 1822, version 11.0. UpToDate, accessed 10/03/2015.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. Antinuclear antibodies (ANA) are a nonspecific protein that can be increased in certain types of autoimmune diseases. This study should not be used as a routine screening test for people with pain because any type of inflammation can affect its results. A person with more clinical findings consistent with one of these conditions is more likely to have an abnormal ANA level due to one of these conditions than someone with limited or no suggestive clinical findings. If the person has such clinical findings and the test shows higher than usual levels, more specific testing should then be done. This additional testing is also somewhat nonspecific, especially in the absence of suggestive clinical findings. The submitted and reviewed records indicated the worker was experiencing lower back pain that goes into the legs, right leg tingling, pain with numbness and tingling in the arms, and headaches. There was no discussion suggesting the reason this blood test was necessary in this setting, reporting signs or symptoms suggesting a problem that would be shown with this test, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a blood test to check the worker's antinuclear antibody (ANA) level is not medically necessary.

Comprehensive metabolic panel: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.healthcarecompliance.info/cmp, Comprehensive Metabolic Panel.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Chemistry panels. <http://labtestsonline.org/understanding/analytes/chem-panel/tab/glance>. Accessed 010/03/2015.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. A comprehensive metabolic panel (CMP) is a group of blood tests that generally look at the salt balance in the blood, blood sugar level, kidney function, and liver function. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that goes into the legs, right leg tingling, pain with numbness and tingling in the arms, and headaches. The worker was taking medications that require occasional monitoring to maintain safety. In light of this supportive evidence, the current request for a comprehensive metabolic panel is medically necessary.

Vitamin B12 level test: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.healthcarecompliance.info.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schrier SL, et al. Diagnosis and treatment of vitamin B12 and folate deficiency. Topic 7155, version 30.0. UpToDate, accessed 10/03/2015.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. People who do not have enough vitamin B12 and/or folate in their bodies tend to have anemia (low "blood count") with large blood cells; unexplained findings suggesting a nerve problem, such as problems thinking or remembering things, weakness, or tingling; hypersegmented neutrophils, a nonspecific finding when the blood is looked at with a microscope; and/or multiple elements of the blood are seen at lower levels than expected. People who have had surgery as a treatment for being very overweight, alcoholics, those who do not eat a healthy diet, and older adults have an increased risk for this condition. The submitted and reviewed records indicated the worker was experiencing lower back pain that goes into the legs, right leg tingling, pain with numbness and tingling in the arms, and headaches. In light of this supportive evidence, the current request for a blood test to check the worker's vitamin B12 level is medically necessary.

Complete blood count with differential: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.healthcompliance.info.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Complete blood count (CBC). MedlinePlus Medical Encyclopedia. <http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm>. Accessed 10/03/2015.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. A complete blood count (CBC) is a panel of laboratory blood tests that look closely at the components of the blood in several different ways. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that goes into the legs, right leg tingling, pain with numbness and tingling in the arms, and headaches. There was no discussion sufficiently suggesting the reason this blood test was necessary in this setting, reporting signs or symptoms suggesting a problem that would be shown with this test, documenting medications that require this test for safety monitoring, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for complete blood count with differential blood testing is not medically necessary.

Thyroid function test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cms.gov, National Coverage Determination for Thyroid Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ross DS, et al. Laboratory assessment of thyroid function. Topic 7891, version 20.0. UpToDate, accessed 10/03/2015.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. The literature supports screening those at increased risk for thyroid disease with a thyroid stimulating

hormone (TSH) blood level. If this level is high, the free thyroxine (T4) level is then checked. If this level is low, the free thyroxine (T4) and triiodothyronine (T3) levels are then checked. The TSH is also used to monitor the treatment of an underactive thyroid with medication. The submitted and reviewed records indicated the worker was experiencing lower back pain that goes into the legs, right leg tingling, pain with numbness and tingling in the arms, and headaches. There was no discussion suggesting the reason this blood test was necessary, reporting signs or symptoms suggesting a problem that would be shown with this blood test, or describing special circumstances that sufficiently supported this request. Further, the request was for nonspecific thyroid function testing, which does not allow for a determination of medical need. For these reasons, the current request for nonspecific thyroid function testing is not medically necessary.