

Independent Medical Review Final Determination Letter

1252

Dated: 12/17/2013

IMR Case Number:	CM13-0018869	Date of Injury:	09/13/1995
Claims Number:	[REDACTED]	UR Denial Date:	08/19/2013
Priority:	STANDARD	Application Received:	08/30/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations,

[REDACTED]
[REDACTED]
[REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in Texas. 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from the Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 56-year-old female who reported a work-related injury on 09/13/1995. The patient has a diagnosis of fibromyalgia which was noted to emerge in her secondary to her work-related injuries. The patient's symptoms include widespread pain, non-restorative sleep, chronic fatigue, symptoms consistent with cognitive dysfunction, and headaches. The patient also has an underlying history of temporomandibular joint syndrome which was bilaterally exacerbated and aggravated by the patient's diagnosis of fibromyalgia. The patient's medications include Tylenol No. 4 and Provigil.

IMR DECISION(S) AND RATIONALE(S)

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

1. One CBC and chemistry panel is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, pg. 70, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

A review of the records indicates that per clinical letter dated 06/18/2013, the employee stated there was a recurrence of underlying Graves' disease. The employee saw a doctor at the end of February who noted hyperthyroidism. The employee was treated with PTU, an antithyroid drug. The patient also complained of muscle aches, popping in the joints, widespread pain, non-restorative sleep, and chronic fatigue. Physical exam on this date noted the temporomandibular joints were mildly crepitant and mildly tender on palpation. Range of motion of the cervical spine was adequate and there was mild tenderness on palpation of the paracervical muscles.

Range of motion of the lumbar spine was adequate with mild to moderate tenderness on palpation of the paralumbar muscles and parathoracic muscles. Straight leg raise was negative bilaterally. The classical tender points of fibromyalgia were also examined. The employee's medications at this time were Provigil, glucosamine and chondroitin sulfate, senna-S, Tylenol No. 4, hydrochlorothiazide, quinapril, ferrous sulfate, vitamin D3, and PTU. California, Chronic Pain Medical Treatment Guidelines, recommend periodic lab monitoring of a CBC and chemistry profile for patients on NSAIDs. Per the clinical documentation submitted, the employee is currently managing pain symptoms with Tylenol No. 4 and Provigil, neither of which is an NSAID medication. Since NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment, a CBC test is recommended to detect anemia. A CBC test may also be used as a preoperative test. A chemistry panel may be indicated when there is clinical evidence of organic illnesses in the patient. The clinical information submitted does not meet guideline criteria for lab monitoring with a CBC and chemistry profile. **The request for 1 CBC and chemistry panel is not medically necessary and appropriate..**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0018869