

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



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**Notice of Independent Medical Review Determination**

Dated: 12/6/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	8/21/2012
IMR Application Received:	7/12/2013
MAXIMUS Case Number:	CM13-0009930

- 1) MAXIMUS Federal Services, Inc. has determined the request for **1 evaluation only w/specialist in rheumatology and/or neurology is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/12/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/24/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **1 evaluation only w/specialist in rheumatology and/or neurology** is not **medically necessary and appropriate**.

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Headache 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

All medical, insurance, and administrative records provided were reviewed.

The 38 year old patient was injured on 8/21/2012. There is history of anxiety, depression, and lupus. She has had psychotropic medications, CBT. She was diagnosed with lupus in 2005, and is managed by a rheumatologist, taking prednisone, plaquenil, and benlysta. Neuropsychometric assessment noted that she has major depressive disorder, and that cognitive deficits are related to psychologic and functional causes. She has had psychiatric evaluation, who noted numerous somatic symptoms such as poor sleep, memory impairments, dizziness, clenching of teeth, palpitations, dyspnea, stomach pains, rashes, and who has requested that she be seen by a specialist in rheumatology and/or neurology. This has been denied.

### **Documents Reviewed for Determination:**

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 Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for 1 evaluation only w/specialist in rheumatology and/or neurology:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ACOEM Guideline, Chapter 14 (Stress Related Conditions) (2004), pg 398, which is part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004) page 35, which is part of the MTUS.

Rationale for the Decision:

The employee has been diagnosed and is being treated for major depression and somatization. The employee is followed by rheumatology. There are no specific neurologic symptoms described not accounted for by the somatization as related in neuropsych evaluation.

Guidelines indicate that in regards to chronic pain: "Upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary"

There is pre-existing rheumatologic disorder, being treated. Therefore, this is not to be ruled out. There is ongoing psychopathology, being treated. There is no documentation warranting rheumatologic or neurologic consultation. **The request for 1 evaluation only w/specialist in rheumatology and/or neurology is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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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.