



## 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, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

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

This is a 55 year old female with date of injury 7/31/09. The mechanism of injury is described as cumulative trauma. The patient has complained of chronic neck, left shoulder, upper back, low back and right knee pain. The patient has been diagnosed with fibromyalgia syndrome as manifested by difficulty sleeping, fatigue and chronic, diffuse pain. The patient has been treated for fibromyalgia syndrome with recommendations for physical therapy, daily aerobic activity and medications. The patient refused surgery for her right shoulder when recommended in 03/2013. In 2011, the patient was noted to have a skin eruption on the face, neck and chest which improved with topical therapy (triamcinolone cream). Medical provider notes referencing a 2011 evaluation note that the patient had erythematous patches on her face, neck and chest that appeared to be photosensitive. Medical provider records from 04/2012- 06/2013 were reviewed. Objective (from provider note on 01/2013): no malar rash or other rash, positive multiple paired tender points on musculoskeletal exam. Diagnosis: sunsensitive rash, fibromyalgia syndrome, lumbar spine strain. Treatment plan and request: no specific treatment plan or request made.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. Treatments (unspecified) is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based found no section of the MTUS or other medical treatment guidelines could be applied to the issue at dispute.

The Physician Reviewer's decision rationale:

The medical records indicate the employee was diagnosed with fibromyalgia syndrome, lumbar strain and a nonspecific photosensitive rash. There were no specific treatment requests listed in the medical records. The medical records have been reviewed through 07/2013. The MTUS guidelines and citations cannot be applied as there are no specific treatment requests made. Considering this, “nonspecific treatments” cannot be indicated as medically necessary.

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[REDACTED]  
[REDACTED]  
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