

Case Number:	CM14-0012637		
Date Assigned:	02/21/2014	Date of Injury:	10/31/1985
Decision Date:	08/11/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	01/31/2014

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 Occupational 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 66-year-old female who has submitted a claim for systemic lupus erythematosus and fibromyalgia associated with an industrial injury date of October 31, 1985. Medical records from 2013 to 2014 were reviewed. The patient currently complains of dry mouth, and has to take sips of water throughout the day. She continues to have trouble swallowing and have several GI complaints such as abdominal pain, diarrhea, indigestion, nausea and vomiting. Absence of saliva was noted on oral cavity examination, while skin examination showed slight malar rash. Tenderness of the MCP was also noted. The diagnoses were systemic lupus erythematosus, fibromyalgia and CREST syndrome. Dermatology consultation and treatment were requested for assessment of the skin and calcinosis of the hands. Treatment to date has included medications such as Zonegram, Xanax, Doxepin, Vitamin D2, Norvasc, Lyrica, Celexa, Robaxin, Advair, Proventil, Wellbutrin, Restasis, omeprazole, diclofenac, Plaquenil, and Cardizem. Utilization review from January 28, 2014 denied the request for dermatology treatment because no specific treatment has yet been identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

DERMATOLOGY TREATMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM PRACTICE GUIDELINES, SECOND EDITION, 7, 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 127, 156.

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex; when psychosocial factors are present; or when the plan or course of care may benefit from additional expertise. A referral may be to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, utilization review dated January 28, 2014 certified the request for Dermatology consultation. However, there was no specific dermatologic treatment given at this time. The medical necessity has not been established because the request is non-specific. Therefore, the request for DERMATOLOGY TREATMENT is not medically necessary.