MAXIMUS Federal Services

Case Number:	CM15-0047221		
Date Assigned:	03/19/2015	Date of Injury:	04/24/2003
Decision Date:	04/24/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/12/2015

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: New York
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 70 year old male who sustained an industrial injury on 4/24/03. His initial symptoms or mechanism of injury were not available. He currently complains of problems with concentration, bilateral tinnitus, fatigue, confusion, memory loss and cognitive problems. Medications are meloxicam, Armour Thyroid and sulfasalazine. Diagnoses include Lyme disease; babesiosis, encephalopathy and Hashimoto thyroiditis. There were no diagnostics available for review. In the progress note dated 12/18/14 the treating provider requested laboratory evaluation due to persistent fatigue and cognitive issues. The requested treatment was Lyme test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs, Lyme test, CD57 116, CA4A and 4863: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC146/Appropiateness of Lyme disease serologic test (LDSTs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldman's Cecil Medicine, 24th Edition. Chapter 329, Lyme Disease, 2011.

Decision rationale: The patient is a 70 year old male with an injury on 04/24/2003. He has a diagnosis of Lyme disease. He has confusion, encephalopathy, confusion and memory loss. Another test for Lyme disease is not medically necessary. Three weeks of treatment is the maximum amount of treatment for any complication of Lyme disease. Another Lyme test is not medically necessary.