

Case Number:	CM13-0004220		
Date Assigned:	12/11/2013	Date of Injury:	10/30/2012
Decision Date:	02/04/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	07/27/2013

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 Physical Medicine & Rehabilitation 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 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. 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 38-year-old female who reported an injury on 10/30/2012 after a slip and fall. The patient developed left hip and buttock pain radiating into her bilateral lower extremities. The patient was initially treated with physical therapy. The patient underwent an EMG that concluded the patient had left lumbar radiculopathy at the L5 S1. The most recent clinical evaluation indicates that the patient has 7/10 pain. Physical findings included hypermobility of the patella in both knees. The patient's diagnoses included lumbar radiculopathy and cervical radiculopathy. The patient's treatment plan included participation in a home exercise program. The patient was also previously treated conservatively with multiple joint injections and acupuncture. The most recent clinical evaluation reveals that the patient has back pain that radiates into the bilateral lower extremities and neck pain that radiates into the bilateral upper extremities that has been recalcitrant to epidural steroid injections, physical therapy, TENS unit, medications, and acupuncture. Physical findings included positive facet maneuver left greater than right, hyperesthesia sensation of the left lower extremity, severely decreased range of motion of the right upper extremity described as 50%, a positive impingement sign, and tenderness to palpation over the acromioclavicular joint. The patient's treatment plan included a rheumatology consultation, physical therapy for the cervical spine, continued medication usage and TENS unit usage, and participation in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for two (2) Emergency Room Department visit while under Workers' Compensation medical doctor care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

http://www.cigna.com/customer_care/healthcare_professional/coverage_positions/medical/mm_0411_coveragepositioncriteria_observation_care.pdf.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Definition Of When It Is An Emergency bulletin from Providence Health Plan

Decision rationale: The 2 Emergency Room Department visits while under w/c medical doctor care were not medically necessary or appropriate. Although the patient did have pain complaints, the clinical documentation submitted for review did not provide any evidence that those complaints were significant enough to require emergent care and could not be handled on an outpatient basis. The Providence Health Care Plan defines a medical emergency as "A medical emergency is a sudden unexpected illness or injury that you believe would place your life in danger or cause serious damage to your health if you do not seek immediate medical attention." The clinical documentation submitted for review does not provide evidence that the patient had a life-threatening illness or injury that would cause serious damage to her health and would require immediate medical treatment. As such, the requested 2 Emergency Room Department visits while under w/c medical doctor care were not medically necessary or appropriate, as the patient did not initially seek medical attention from her Workers ' Compensation medical doctor.