

Case Number:	CM13-0046183		
Date Assigned:	12/27/2013	Date of Injury:	05/16/2009
Decision Date:	04/24/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/12/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 56 year-old female presenting with low back pain following a work-related injury on May 16, 2009. On June 17, 2013 claimant presented to emergency rooms with complaints of back pain which flared up after nerve conduction study that was performed two weeks prior. The claimant reported that she was sent to the emergency room by her pain physician because she was unable to be seen at the clinic until the worker's comp claim was reported. The claimant reported sharp and aching pain in the low back radiating to the right thigh. The pain is exacerbated by sitting or walking. The pain is relieved by lying down or taking medications. The claimant has a history of back surgery. The physical exam was significant for moderate vertebral point tenderness over the mid lumbar spine, soft tissue tenderness in the mid central lumbar area with notable soft tissue swelling, moderately limited range of motion in the back of the lumbar spine with decreased flexion, positive straight leg raise on the right at 15° and positive on the left at 15°. CT scan of the lumbar spine revealed chronic L3-L4 degenerative disc disease. The claimant was diagnosed with acute pain in the lower back, back pain and lumbar area. The claimant was given a Toradol injection ant Percocet. According to the medical records the claimant had multiple visits to the emergency room. A claim was made for emergency room visit on September 20, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE (DOS 9/20/13-9/20/13) EMERGENCY ROOM VISIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 12.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
SUBSTANCE ABUSE Page(s): 87.

Decision rationale: Retrospective emergency room visit on September 20, 2013 is not medically necessary. Per CA MTUS the patient on opioids should adhere to an opioid contract. "This plan should be signed, dated, and placed in the patient's chart, and include the following: (1) Goals of therapy, (2) Only one provider gives prescriptions, (3) Only one pharmacy dispenses prescriptions, (4) There will be a limit of number of medications, and dose of specific medications, (5) Medications are not to be altered without the prescribing doctor's permission, (6) Heavy machinery and automobile driving is not to occur until drug-induced sedation/drowsiness has cleared, (7) Refills are limited, and will only occur at appointments, (8) Treatment compliance must occur for all other modalities enlisted, (9) Urine drug screens may be required, (10) The patient must acknowledge that they are aware of potential adverse effects of the use of opioids including addiction, (11) Information about opioid management can be shared with family members and other providers as necessary, (12) If opioid use is not effective, the option of discontinuing this therapy may occur, (13) The consequence of non-adherence to the treatment agreement is outlined." The claimant had multiple visits to the emergency room in order to obtain opioid treatment; therefore the requested service is not medically necessary.