

Case Number:	CM13-0057314		
Date Assigned:	12/30/2013	Date of Injury:	02/16/2009
Decision Date:	03/24/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/25/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine, 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:

This patient is a 37-year-old male with date of injury 02/16/2009. On the summary, there were no treating physician's progress reports included for review. There are 36 pages of reports and they include utilization review denial letter from 11/18/2013, and ER (emergency room) visitations from 08/27/2013. Per utilization review letter, this patient started developing low back pain while stepping back through a blockade for a dog.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for an emergency room visit DOS: 8/27/13: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMA (American Medical Association) Guides, 5th Edition, page 566 & 578.

Decision rationale: This patient apparently presented to emergency room on 08/27/2013 with complaints of "feels like kidneys are swollen and maybe bladder is not filling completely."

Other history included not voiding for 6 to 8 hours with adequate p.o. (per oral) intake. Other handwritings was illegible. The medical records include urine drug screen from 10/09/2013 which are all negative. The emergency room handwritten note also indicates "UDS (urine drug screen) negative." Under context, the emergency room physician documentation shows "has been weaning off Endocet but this is new information from his normal that he has been taking for years." Under stated complaint triage, "My oxycodone is building up in my system." Under modifying factors, "feels like his arms are jerking and feels very nervous. His kidneys are swollen and hurt." All the labs appeared normal. Under the impression, the physician felt that the patient had an adverse reaction to drug with anxiety and the recommendation was for the patient to stop taking Endocet and call your PCP (primary care provider) later today to discuss further evaluation and treatment. There are no guidelines available that would apply to this request. This patient apparently walked in to emergency room feeling some anxiety and complaining of his kidneys being swollen with adverse reaction to Endocet or medications. The patient was evaluated, labs obtained, and then discharged in a stable condition. There is no reason why this emergency room visitation should be denied. The patient felt something that he felt needed immediate physician attention. The patient was evaluated and sent home in a stable condition. If the patient visits emergency room on a habitual basis, such habit would raise medical concern. However, this appears to be one incident and perhaps, the first incident. In retrospect, there was no need for emergency room visitation but at the time when the patient made the decision, one must respect what he was feeling subjectively. After all, patients are not educated about when to go to the emergency room and when not to go to the emergency room. All emergency room visitations are generated with subjective perception of the problem. The recommendation is for authorization.