

Case Number:	CM14-0155298		
Date Assigned:	09/25/2014	Date of Injury:	08/16/2010
Decision Date:	12/12/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/22/2014

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 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 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 33-year-old male with a date of injury of 08/16/2010. The listed diagnoses per [REDACTED] are: 1.Lumbago.2.Lumbar disk herniation, L4-L5, central, bilateral lateral recess narrowing.3.Lumbar disk herniation, L5-S1, central, right.4. Lumbar radiculopathy, L5.According to progress report 07/29/2014, the patient presents with increase in pain in low back with left lower extremity pain. The pain is primarily over the left anterior thigh with numbness over the left anterior thigh and medial lateral calf. Treater states that up until recently, the patient has been able to work with activity restrictions with no narcotic medications; however, he had an acute exacerbation of back and left lower extremity pain, which resulted in him going into the emergency room. Examination revealed tender midline in the lumbar spine and bilateral sacroiliac joints and markedly reduced range of motion (ROM). There is decreased sensation in the left anterior thigh and medial lateral calf. Patient was advised to follow up with PCP for further evaluation. This is a request for emergency room visit, date of service 07/24/2014. Utilization review denied the request on 08/22/2014. Treatment reports from 04/09/2014 through 07/28/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMERGENCY ROOM VISIT - DATE OF SERVICE 7-24-14: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aetna.com/health-reform-connection/reform-explained/emergency-room-services.html>

Decision rationale: This patient presents with an acute exacerbation of low back and LLE pain, which resulted in him going into the emergency room on 07/24/2014. This is a request for emergency room visit, date of service 07/24/2014. Utilization review denied the request stating that, "Hospitalization is not recommended for low back pain in the absence of major trauma. The claimant presented to the emergency with acute exacerbation of back and left lower extremity pain; however, there is no medical narrative report for the ER visit documenting acute trauma, significant objective findings, or pain levels." The American College of Occupational and Environmental Medicine (ACOEM), California MTUS, and Official Disability Guidelines (ODG) Guidelines do not discuss emergency room visits. Therefore, alternative medical guidelines were consulted. AETNA has the following regarding emergency room services and states that emergency services are defined as, "The standard is whether a prudent layperson, acting reasonably, would have believe that an emergency medical condition existed. The requirement is limited to emergency services that are provided in the emergency room department of a hospital and stabilization services." In this case, the patient's ER visitation was not justified solely based on flare-up of back symptoms. The patient has been suffering from chronic back pain and has a primary pain physician managing the patient's pain. Other than pain, no other emergency issues were described such as acute neurologic deficit, such as weakness, bowel/bladder issues, etc. The patient's ER visitation did not seem warranted based on pain alone. Treatment is not medically necessary and appropriate.