MAXIMUS Federal Services

Case Number:	CM14-0061365		
Date Assigned:	07/09/2014	Date of Injury:	10/26/2011
Decision Date:	08/27/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/02/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 39-year-old female was reportedly injured on October 26, 2011. The mechanism of injury was listed in these records reviewed. The most recent note was an emergency room visit, dated April 2, 2014, indicated that there were ongoing complaints of chronic neck pain and that the injured employee was out of medications for the past one or two months. The physical examination demonstrated tenderness along the right side paracervical muscles and paralumbar muscles and a normal neurological examination. A previous note, dated March 24, 2014, stated that the injured employee is currently taking Norco, ibuprofen, and Flexeril. Diagnostic imaging studies noted a disc herniation, although it is not stated at which level. Previous treatment was unknown. A request had been made for emergency services and was not certified in the pre-authorization process on April 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Emergency services: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.aetna.com/health-reform-connection/questions-answers/emergecy-room-services.html#3.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM),Chapter 6, IME and Consultations; page 163 (accessed online).

Decision rationale: It is unclear why the injured employee made an emergency room visit for chronic neck pain stating that she has been out of medications for one or two months when a visit dated March 24, 2014, nine days earlier, indicated that she is currently taking her pain medications and those medications were recommended to be continued. The California MTUS supports the use of referrals when a diagnosis is uncertain, extremely complex, or when the claimant may benefit from additional expertise. Considering that the injured employee does not meet this criteria, this request for Emergency Services are not medically necessary.