

Case Number:	CM14-0067790		
Date Assigned:	07/11/2014	Date of Injury:	12/01/1995
Decision Date:	09/09/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/12/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 52-year-old male with a 12/1/95 date of injury. At the time (3/1/14) of request for authorization for Emergency Department visit, there is documentation of subjective chronic right leg pain (patient out of his Norco), and elevated blood pressure at home and objective blood pressure 201/124 findings. The current diagnoses are pain exacerbation and the injured worker is out of Norco and hypertension medications. The treatment to date includes medications of Norco and Flexeril. A medical report identifies there is nothing on patient's history that is any different from prior 9 visits to emergency department in the last year. There is no documentation that the diagnosis is uncertain or extremely complex, psychosocial facts are present, or the plan or course of care may benefit from additional expertise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Emergency Department visit.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.Pain, Office visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office visits.

Decision rationale: MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of pain exacerbation and out of Norco and hypertension. However, there is no documentation that the diagnosis is uncertain or extremely complex, psychosocial facts are present, or the plan or course of care may benefit from additional expertise. Therefore, based on guidelines and a review of the evidence, the request for Emergency Department visit is not medically necessary.