

Case Number:	CM15-0109530		
Date Assigned:	06/16/2015	Date of Injury:	07/18/2007
Decision Date:	07/21/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	06/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 injured worker is a 63 year old male, who sustained an industrial injury on July 18, 2007, incurring lower back and hip injuries. He was diagnosed with lumbar spondylosis, lumbar disc disease, lumbar radiculitis, and right hip joint disease. Treatment included pain medications, antiemetic drugs, anti-inflammatory drugs, topical analgesic patches and work restrictions. In February, 2014, the injured worker complained of low back pain, right hip pain and right radicular leg pain radiating into the upper thigh and hip with ongoing numbness and tingling. X rays of the right hip revealed right hip osteoarthritis with severe bone on bone disease. Treatment continued with the use of pain medications and anti-inflammatory drugs. The injured worker had a history of coronary artery disease, myocardial infarction and coronary stent placement and had an episode of chest pain on July 30, 2014, and was admitted to the hospital. The treatment plan that was requested for authorization included retrospective inpatient admission through the emergency room for chest pain from July 30, 2014 to August 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective inpatient admit through emergency room for chest pain (DOS 7/30/14 to 8/2/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Health Care Guideline, Diagnosis and Treatment of Chest Pain and Acute Coronary Syndrome, Institute for Clinical Systems Improvement, Diagnosis and Treatment of Chest pain and Acute Coronary Syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.UpToDate.com.

Decision rationale: This 63 year old male has complained of low back pain, hip pain and chest pain since date of injury 7/18/07. He has been treated with medications. The current request is for inpatient admit through emergency room for chest pain (DOS 7/30/14 to 8/2/14). The available medical records document subjective and objective findings consistent with atypical chest pain, which was relieved with a GI cocktail, and a negative myocardial infarction rule out with serial cardiac enzymes. There is no available documentation that supports a prolonged hospitalization for inpatient admission through emergency room for chest pain (DOS 7/30/14 to 8/2/14). Based on the available medical records and per the guidelines cited above, inpatient admit through emergency room for chest pain (DOS 7/30/14 to 8/2/14) is not indicated as medically necessary.