

Case Number:	CM15-0022485		
Date Assigned:	02/12/2015	Date of Injury:	02/16/2014
Decision Date:	03/27/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/06/2015

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice

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 41 year old female, who sustained an industrial injury on 2/16/2014. She has reported back pain after a fall. The diagnoses have included lumbago, sciatica, and right shoulder contusion, displacement of lumbar disc without myelopathy, shoulder bursitis, supra-scapular neuropathy and carpal tunnel syndrome. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), muscle relaxer, and chiropractic therapy. On 11/30/2014, the injured worker presented to the Emergency Department (ED) with complaints of neck pain and left shoulder pain. An evaluation was provided and the treatment included narcotic and muscle relaxer. The injured worker was discharged home with outpatient follow up. The injured worker was evaluated on 12/2/14, with complaints of pain in the neck and shoulder, and low back associated with spasms between shoulder blades. Pain was rated 8-9/10 at worst with improvement of 5/10 with medication. The injured worker complained of gastric intolerance to Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and requested increased neuropathic-type medications and analgesics. Physical examination documented tenderness to bilateral lumbar muscles with spasms. The plan of care included a lumbar steroid injection and medication therapy and continued work restrictions. On 1/8/2015 Utilization Review non-certified an Emergency Department (ED) visit on 11/30/2014. There were no guidelines cited. On 2/6/2015, the injured worker submitted an application for IMR for review of Emergency Department (ED) visit on 11/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ED Visit on 11/30/14 to Include All Exams/Treatment Rendered on This DOS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Due to the nature of the request Guidelines were unavailable

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. The clinical documents were reviewed. The request is for an Emergency Room visit with all testing. There are no specific guidelines that are specific to the request here. The patient is currently under pain management with their regular physician. Due to the History given in the ER report, there was no acute changes that led to the ER visit. The patient presented to the emergency department with chronic discomfort in the Left shoulder and neck which have been present for the past several months with no acute changes seen. Also notes back pain. Therefore, an Emergency Room visit with all testing, is not indicated as a medical necessity to the patient at this time.