

Case Number:	CM15-0034967		
Date Assigned:	03/03/2015	Date of Injury:	09/24/2013
Decision Date:	04/10/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/24/2015

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: New Jersey, New York

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 (IW) is a 60-year-old female, who sustained an industrial injury on 9/24/2013. The diagnoses have included chronic back pain. Treatment to date has included home exercise, physical therapy, acupuncture, facet block, Terocin patch, epidural steroid injections and medications. Currently, the IW complains of persistent pain in the bilateral hips and lumbar spine. She reported to the Emergency Department (ED) on 9/18/2014 with complaints of lower back pain with numbness and tingling in her leg. The pain was no longer present upon arrival but she did report numbness and tingling. On 2/17/2015, Utilization Review non-certified a retrospective request for an Emergency Room visit (9/18/2014) noting that the clinical findings do not support the medical necessity of the treatment. Non-MTUS sources were cited. On 2/17/2015, the injured worker submitted an application for IMR for review of Emergency Room visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Emergency room visit on January 20, 2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website, www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_v_emerg.pdf.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com: Nocturnal leg cramps.

Decision rationale: The request is considered not medically necessary. There are no MTUS or ODG guidelines regarding emergency room visits. The patient develop leg cramps while driving and called EMS to take her to the ER. By the time she had arrived, her symptoms had improved. There was no documentation as to what diagnosis she was concerned about. The visit took place in the afternoon when she could have consulted with her treating physician. It is unclear why she felt she needed emergency services. She had been taking Flexeril for muscle cramps and had already been experiencing numbness/tingling of right lower extremity. Therefore, the request is considered not medically necessary.