

Case Number:	CM15-0059255		
Date Assigned:	04/03/2015	Date of Injury:	11/14/2001
Decision Date:	05/04/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/30/2015

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 York
Certification(s)/Specialty: Internal Medicine

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 39 year old female, who sustained an industrial injury on 11/14/2001. The medical records did not include the details regarding the initial injury and prior treatments to date. Diagnoses include status post failed intrathecal pump trial due to complication, status post failed spinal cord stimulator trail due to complication, complex regional pain syndrome, left leg, status post multiple knee arthroplasty in 2003, 2004, and 2005. Currently, she complained of constant and intermittent symptoms in the left leg, including pain, hot-burning, sharp and shooting sensations rated 7/10 VAS with medications. On 1/23/15, the physical examination documented left lag contracture and poor function. The plan of care included a decrease in medication and adding a topical cream for pain relief. On 2/3/15 the injured worker presented to the emergency department with complaints of nausea, vomiting, anxiety, and general restlessness. The admission Health and Physical documented she reported not being able to obtain medication refills. The provider documented she was admitted due to early signs of withdrawal from prescription narcotic analgesics with a plan of care including stabilizing pain and withdrawal symptoms and develop a more reasonable pain management program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for emergency room visit and 1 day inpatient stay, date of service 2/03/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Hospital Association American Health Information Management Association.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Coverage Criteria for Inpatient hospitalization.

Decision rationale: The injured worker is a 39 year old female, who sustained an industrial injury on 11/14/2001. The medical records did not include the details regarding the initial injury and prior treatments to date. Diagnoses include status post failed intrathecal pump trial due to complication, status post failed spinal cord stimulator trail due to complication, complex regional pain syndrome, left leg, status post multiple knee arthroplasty in 2003, 2004, and 2005. On 2/3/15, the injured worker presented to the emergency department with complaints of nausea, vomiting, anxiety, and general restlessness. The admission Health and Physical documented she reported not being able to obtain medication refills. The provider documented she was admitted due to early signs of withdrawal from prescription narcotic analgesics with a plan of care including stabilizing pain and withdrawal symptoms and develop a more reasonable pain management program. The review indicates that the emergency room evaluation was medically necessary and reasonable. The claimant had complaints that warranted evaluation and potential treatment. There was no indication for inpatient level of care services after the emergency room evaluation. The claimant was hemodynamically stable and required no inpatient diagnostic studies or therapeutic interventions. The claimant was stable and appropriate for observation level of care services. Medical necessity for the inpatient level of care services 2/03/15 was not established. Inpatient level of care services were not medically necessary.