

Case Number:	CM15-0000480		
Date Assigned:	01/12/2015	Date of Injury:	09/07/2012
Decision Date:	03/06/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	01/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36 year old female, who sustained an industrial injury on 9/7/2012. She has reported initial pain to low back and left side of her arm and leg. The diagnoses have included sciatic nerve pain. Treatment to date has included sciatic nerve block, multiple lumbar epidural injections, muscle relaxers, and Ubuprophen. The IW presented to the Emergency Department (ED) on 6/28/2014, with complaints of abdominal and left flank pain. Pain had started two weeks prior to presentation and was associated with nausea, no vomiting. No acute finding documented in physical examination. Radiographic imaging included Computed Topography (CT) of the kidneys, ureters, and bladder. The IW was evaluated, treated with fluids and medications, and discharged home with instructions for outpatient follow up. QME dated 9/19/2014 documented current complaints of neck and back pain that increased with activities of daily living and decreased with rest. Diagnoses included L4-L5 herniated pulposus and cervical herniated nucleus pulposus. Prior conservative treatment included physical therapy, aquatic therapy, steroid injections, and lumbar hard shell brace. On 12/2/2014, Utilization Review non-certified an emergency room visit, laboratory evaluation, x-ray, and Computed Topography (CT) scan, noting the documentation indicated complaints were reported lasting two weeks prior to presentation on 6/28/14, therefore not supporting necessity of an emergency room visit. Further, due to the Emergency Department visit found not medically necessary, further treatments involved in care were also not medically necessary. MTUS, and Official Disability Guidelines (ODG) Guidelines were cited. On 1/2/2015, the injured worker submitted an application for

IMR for review of emergency room visit, laboratory evaluation; x-ray and Computed Topography (CT) scan 6/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Emergency Room Visit Lab, Xrays, Ct Scan DOS: 6/28/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: The patient continues to treat for chronic 2012 musculoskeletal injury to the neck and lower back. Symptom complaints and clinical findings remained unchanged without neurological progression, new injury or red-flag conditions. The patient presented to the emergency room on 6/28/14 for evaluation of 2 weeks history of abdominal and left flank pain with nausea. Clinical exam showed no acute findings with unremarkable diagnostics of labs, x-rays and CT scan of the kidneys, ureter, and bladder. QME report three months post ER visit on 9/19/14 noted the patient with continued neck and low back complaints without noted abdominal issues. There is no clear indication or change in treatment regimen for the neck and low back associated with abdominal discomfort to be treated by the patient's primary care provider. A two week history of abdominal complaint does not support the emergency care under current musculoskeletal injury treatment for sciatic pain without recent pain procedure or surgical intervention. The Emergency Room Visit Lab, Xrays, CT Scan DOS: 6/28/14 is not medically necessary and appropriate.