

Case Number:	CM15-0121378		
Date Assigned:	07/02/2015	Date of Injury:	07/23/2007
Decision Date:	09/04/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/23/2015

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: Arizona, California

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 63-year-old male who sustained an industrial injury on 07-23-2007. Diagnoses include chronic back pain. Treatment to date has included medications, epidural steroid injections (ESI), trigger point injections, physical therapy and chiropractic treatment. According to the emergency room notes dated 4-30-2015, the IW reported a flare-up of his chronic back pain. He stated the pain was more in the upper back, when it was usually in the lower back. He described it as a constant ache, worse with range of motion. He was at the hospital for a blood draw and went to the emergency room due to increased back pain. On examination, there was no tenderness in the cervical, thoracic or lumbar spine. There were no focal motor or sensory deficits noted. He received an injection of Morphine Sulfate 4 mg intramuscularly. A request was made for an emergency room visit for date of service 04-30-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Emergency room visit (DOS 04/30/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 Official Disability Guidelines (ODG) NIH online guidelines U.S. National Library of Medicine 8600 Rockville Pike, Bethesda, MD 20894 U.S. Department of Health and Human Services National Institutes of Health Page last updated: 03 August 2015.

Decision rationale: According to the national guidelines, emergency room visits are required for life threatening situations or acute injuries. In this case, the claimant had chronic pain. The claimant had been in the ER one month ago. The claimant sees a PCP for pain management. There was no mention of intractable pain or failure for the on call physician to provide adequate care before another emergency room visit. The ER visit on 4/30/15 is not medically necessary.