

<b>Case Number:</b>	CM15-0122829		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	11/02/1995
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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 (n) 77-year-old male, who sustained an industrial injury on 11/2/95. He reported pain in his neck and left shoulder related to cumulative trauma. The injured worker was diagnosed as having C5-C6 discogenic pain syndrome, post laminectomy pain syndrome, rule out cervical radiculopathy and severe chronic pain syndrome. Treatment to date has included an EMG on 3/25/98 showing C5 radiculopathy, several cervical MRIs and physical therapy. Current medications include Fentanyl, Aspirin, Albuterol, Plavix, Metoprolol, Norco, Ambien, Lisinopril and Celexa. As of the PR2 dated 4/29/15, the injured worker reports 5/10 pain in his neck and 4/10 pain in his leg. He indicated that current pain medication drops his pain from a 7/10 to a 3-4/10. Objective findings include a negative straight leg raise test and no spasms in the cervical and lumbar spine. The treating physician wants an emergency room visit for the injured worker in case the current medication is ever denied. The treating physician requested an emergency room visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Emergency room visit:** 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 ACOEM Practice Guidelines, Chapter 7- Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Guidelines state medical visits and follow-ups are determined to be medically necessary and play a critical role in the proper diagnosis and treatment based on the patient's concerns, signs and symptoms, clinical stability along with monitoring of medications including opiates. Determination of necessity requires individualized case review and assessment with focus on return to function of the injured worker. Submitted reports have not adequately demonstrated acute symptoms or red flag conditions and clinical findings to allow for an arbitrary emergency room visit and future care and a pre-authorized unpredictable ER visit cannot be predetermined, as assessment should be made according to presentation and clinical appropriateness at that time. The patient continues to treat for chronic symptoms without any acute flare, new injury, or progressive deterioration to predict future outcome. Therefore, the request for 1 emergency room visit is not medically necessary and appropriate.