

<b>Case Number:</b>	CM15-0122959		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	12/06/1999
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	05/28/2015
<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: Emergency 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 59 year old female who sustained an industrial injury on 12/06/1999. Mechanism of injury was not documented. Diagnoses include status post-bilateral total knee arthroplasty, left shoulder myofascial pain syndrome, severe chronic pain syndrome and lumbar myofascial pain syndrome. Treatment to date has included diagnostic studies, medications, physical therapy, and failed home exercises. Her medications include Ambien, Baclofen, Synthroid, Neurontin, Norco, Ultram, Celebrex and Protonix. A physician progress note dated 04/22/2015 documents the injured worker has pain in her low back that she rates as a 7 and pain in her neck that is rated a 6. She is flared and suffers from chronic pain syndrome and secondary myofascial syndrome. She has improved function by at least 50% with vacuuming, and improved household activity in terms of bed making and dishwashing by at least 50%. Her subjective pain is reduced by some 28-35% dropping her pain from a level of 7-8 to a level of 5-6. She is utilizing her medications as ordered. She has lumbar spine restrictions noted. Straight leg raise is positive at 50% on the right. Treatment requested is for Emergency room visit (prospective between 4/22/15 and 7/26/15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Emergency room visit (prospective between 4/22/15 and 7/26/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: CPT procedure code index (99283).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS Publication 100-04, Chapter 12, sec 30.6; Evaluation and Management Service Codes <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf>.

**Decision rationale:** MTUS Chronic pain, ACOEM Guidelines and Official Disability Guidelines do not have any sections that relate to this topic. Medicare criteria for emergency visits were referenced. As per Medicare criteria for emergency services, it requires emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status, a comprehensive history, comprehensive examination and medical decision making of HIGH complexity. "Prospective" request for an emergency visit is not appropriate. The rationale was not documented by the provider making the request although UR states that the request is due to concern of poor pain control due to medication denials. An emergency visit is appropriate in conditions where patient considers an emergency. The provider should treat the underlying issues before they become an emergency, A "prospective" emergency room visit is not medically necessary.