MAXIMUS Federal Services

Case Number:	CM15-0071104		
Date Assigned:	04/21/2015	Date of Injury:	12/01/1995
Decision Date:	05/20/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/14/2015

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 52 year old male, who sustained an industrial injury on 12/01/1995. On emergency department visit dated 12/23/2014 the injured worker has reported lower extremity nerve pain flare up of RSD (reflex sympathetic dystrophy). On examination he was noted to have pain in feet and stated that is was a flare-up of his chronic pain. He received an injection of pain medication. The diagnoses have included acute exacerbation of chronic lower extremity pain. Treatment to date has medication, laboratory studies, home exercise program, and TENS unit. The provider requested emergency room visit DOS: 12/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro review for emergency room visit DOS: 12/23/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, pages 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation EMTALA (Emergency Medical Treatment and Labor Act) definition of emergency.(http://www.acep.org/News-Media-top-banner/EMTALA/).

Decision rationale: The patient presents with lower extremity nerve pain secondary to CRPS. The physician is requesting RETRO REVIEW FOR EMERGENCY ROOM VISIT DOS 12/23/2014. The RFA was not made available for review. The patient's date of injury is from 12/01/1995 and he is currently off work. The MTUS, ACOEM do not address ER visits but ODG guidelines Pain chapter, under "Codes for Automated Approval": It allows Maximum Occurrences to 1 for Emergency Dept visit, for diagnosis that include CRPS, Pain, not elsewhere classified, Chronic pain, Chronic pain syndrome, Causalgia of upper and lower limb, mononeuritis of unspecified site. EMTALA(Emergency Medical Treatment and Labor Act) definition of emergency.(http://www.acep.org/News-Media-top-banner/EMTALA/). " An emergency medical condition is defined as "a condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the individual's health [or the health of an unborn child] in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of bodily organs." For example, a pregnant woman with an emergency condition must be treated until delivery is complete, unless a transfer under the statute is appropriate." The records show an emergency room visit on 12/23/2014. The patient complained CRPS flare-up and exam was within normal limits. For treatments the patient received a shot of Dilaudid 2mg with Phenegran 25 mg IM. ODG guidelines allow maximum occurrence of one ER visit for such diagnosis as CRPS and chronic pain. This patient's injury dates back to 1995 and suffers from a chronic pain condition. A flare-up does not constitute an emergency situation. EMTALA as quoted above define emergency situation as symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in serious health jeopardy or bodily function. Such definition is not met in this patient whose flare-up of pain should have been managed via an outpatient visit or with oral medications. There was no indication that the patient had run out of oral meds or that other non-emergent care was not available. The ER visit WAS not medically necessary.