

Case Number:	CM13-0048997		
Date Assigned:	12/27/2013	Date of Injury:	05/04/2004
Decision Date:	04/21/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/07/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient was injured on 5/4/2004 and now has chronic cervical pain secondary to degenerative disc disease. She has right upper extremity pain with right shoulder rotator cuff tear. She is requesting non-emergency transportation for all medical appointments and procedures. Her physician stated that driving or using public transportation can either exacerbate or aggravate her condition due to "prolonged sitting, accessibility, and prolonged standing in public transportation." He also noted that the patient's medication intake and sedation from "the procedure and nerve blocks" could impair safe driving. She is on Prozac, Lunesta, Elavil, Seroquel and Ativan

IMR ISSUES, DECISIONS AND RATIONALES

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

NON-EMERGENCY TRANSPORTATION FOR ALL MEDICAL-RELATED APPOINTMENTS AND PROCEDURES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services-California, Criteria for Medical Transportation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medi-Cal Manual for Criteria, Chapter 12.1 Criteria for Medical Transportation and Related Services.

Decision rationale: The examinations reviewed did not show significant impairment which would keep the patient from being able to drive or take public transportation. There was no guidance in the MTUS guidelines or ODG regarding transportation for chronic neck pain. The Medi-Cal Manual of Criteria states that Non-emergency medical transportation is provided when necessary to obtain program covered medical services and when the beneficiary's medical and physical condition is such that transport by ordinary means of private or public conveyance is medically contraindicated. There is no information provided that supports this need for transportation or demonstrates impairment from the cervical pathology or the medications prescribed.