MAXIMUS Federal Services

Case Number:	CM13-0058631		
Date Assigned:	12/30/2013	Date of Injury:	11/21/2005
Decision Date:	10/08/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/27/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 injured worker is a 41-year-old male, who reported an injury of unknown mechanism on 11/21/2005. On 10/02/2013, his diagnoses included chronic pain syndrome, lumbar radiculopathy, lumbar spine postlaminectomy syndrome, lumbar spine myofascial dysfunction, cervical discogenic pain, and cervical myofascial syndrome. It was also noted that this injured worker suffered from depression and anxiety secondary to chronic pain syndrome. Although it was recommended that he should not operate a motor vehicle with his current psychomotor dysfunction and catastrophizing symptoms, it was documented under his activities of daily living that he did drive. A Request for Authorization, dated 10/21/2013, was included in his chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation for medical appointments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Transportation (to & from appointments).

Decision rationale: The request for Transportation for medical appointments is not medically necessary. The Official Disability Guidelines do recommend transportation for medically necessary appointments in the same community for patients with disabilities preventing them from self-transport. There was no submitted documentation that this injured worker's disabilities prevent him from self-transport. Additionally, the documentation did state that he did drive. The need for transportation was not clearly demonstrated in the submitted documentation. Therefore, this request for Transportation for medical appointments is not medically necessary.