

Case Number:	CM14-0002851		
Date Assigned:	01/15/2014	Date of Injury:	03/31/2003
Decision Date:	07/23/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/26/2013

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 injured worker is a female with date of injury 3/31/2003. Per the primary treating physician progress report dated 6/17/2013, the injured worker is complaining about her low back. She says just mopping and vacuuming causes the injured worker to be put on bedrest for a couple of days. On exam she has slow speech, and is alert. Her gait is slow, not particularly broad-based. She cannot stand on one foot. She has markedly restricted cervical and lumbar motion. Diagnoses include cervical disc injury with five cervical surgeries, the x-rays reveal evidence of multiple procedures (C3-T1), possible late onset myelopathy versus sequelae of cerebrovascular accident, corroborating right sided residuals, thoracolumbar scoliosis, and secondary to gait abnormalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSPORTATION TO AND FROM APPOINTMENTS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Transportation (To & From Appointments) section.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), and Official Disability Guidelines (ODG) chapters for pain, neck, and low back do not address transportation to medical appointments. The ODG Knee Chapter recommends transportation to and from medically necessary appointments in the same community for patients with disabilities preventing them from self-transport. The requesting physician does not explain why the injured worker is unable to provide transportation, either alone or by personal support system. The medical necessity of this request has not been established by the requesting physician. The request for transportation to and from appointments is determined to not be medically necessary.