

Case Number:	CM14-0003103		
Date Assigned:	01/31/2014	Date of Injury:	06/08/2009
Decision Date:	07/29/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/08/2014

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 Family Practice and is licensed to practice in Mississippi and Texas. 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 42 year old male who reported an injury on 06/08/2009. The mechanism of injury was not noted within the documentation submitted for review. The clinical note dated 06/04/2014 noted the injured worker complained of bilateral upper extremity pain, numbness, tingling and weakness, muscle spasm, insomnia, and anxiety. The physical examination noted limited cervical range of motion in all directions and the upper extremity examination revealed a decrease in sensation in the right C7-C8 dermatomes. In addition, decreased grip strength in the right hand was noted upon examination. The injured worker's diagnoses included cervicgia, cervical radiculopathy, multilevel cervical degenerative disc disease, status post anterior C6-C7 discectomy and fusion with plate fixation and posterior C6-C7 instrumentation with removal of hardware, anxiety, depression, and psoriasis. Previous treatments included surgery, acupuncture, and physical therapy. The documentation provided noted the medications as Oxycodone HCL 15mg, OxyContin 30mg, Omeprazole 20mg, Laxacin, and Gabapentin 600mg. The provider requested transportation to and from doctors' visits. The request for authorization form dated 9/20/2013 was included within the documentation submitted for review. The provider recommended transportation to and from doctors' visits as the injured worker had limited range of motion secondary to chronic pain and previous cervical fusion and had a suspended driver's license due to driving under the influence of medication. In addition the injured worker's spouse had limited availability to drive the injured worker to doctor's appointments due to her employment and no other family members were available to transport the injured worker to and from appointments. The provider also indicated that the distance between the injured worker's residential location and access to public transportation would require extensive walking which would exacerbate his chronic neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSPORTATION TO AND FROM DOCTORS VISITS.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker has a history of bilateral upper extremity pain and has undergone cervical fusion, physical therapy, and continues to take medications for treatment. The clinical note dated 06/04/2014 documented the injured worker's visual analog scale (VAS) pain rating as 7/10 with medications and 10/10 without. The documentation also stated functional improvement and the ability to participate in activities of daily living (ADL) with the current regimen. The Official Disability Guidelines state transportation is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. There is a lack of documentation to indicate significant functional deficits preventing the injured worker from self-transport. The provider recommended transportation to and from doctors' visits as the injured worker had limited range of motion secondary to chronic pain and previous cervical fusion and had a suspended driver's license due to driving under the influence of medication. In addition the injured worker's spouse had limited availability to drive the injured worker to doctor's appointments due to her employment and no other family members were available to transport the injured worker to and from appointments. The provider also indicated that the distance between the injured worker's residential location and access to public transportation would require extensive walking which would exacerbate his chronic neck pain. The documentation submitted notes the injured worker's spouse is available to drive the injured worker to appointments occasionally on Fridays; however, there is a lack of documentation to indicate that appointment times could not be adjusted to coincide with the spouse's availability. There is a lack of documentation indicating the injured worker has medical and functional disabilities which prevent him from transporting himself. Overall, there is a lack of documentation to support the medical necessity for transportation. Based on the above noted, the request is not medically necessary and appropriate.