

<b>Case Number:</b>	CM14-0105224		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/08/2010
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 45-year-old male who reported an injury on 10/08/2010. He reportedly got hit over the head with a computer. On 06/11/2014, the injured worker presented with constant neck pain, depression, and intermittent headaches behind the left eye. Upon examination, there was tenderness and spasm about the cervical spine with decreased range of motion. There was difficulty with tandem gait. The diagnoses were traumatic brain injury with cognitive impairment, mood disorder secondary to traumatic brain injury, probably partial complex seizure, and insomnia. Prior therapy included psychological treatment and medications. The provider recommended urgent medical transportation. The provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urgent Medical Transportation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/2222604>, Critical Care Transportation Medicine: New concepts in Pretransport Stabilization of the Critically Ill Patient. Department of Critical Care, St. Francis medical Center, Pittsburgh, PA. 15201. Am J. Emerg Med.1990 Nov;8 (6):551-4

**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, Medical Transportation.

**Decision rationale:** The request for Urgent Medical Transportation is not medically necessary. The Official Disability Guidelines state that transportation is recommended for medically necessary transportation to appointments in the same community for injured workers with disabilities preventing them from self-transport. The injured worker has a traumatic brain injury with cognitive impairment, medical transportation would be indicated. However, the provider's request does not indicate the amount of medical transportation is needed in the request as submitted. As such, Urgent Medical Transportation is not medically necessary.