

Case Number:	CM14-0014801		
Date Assigned:	02/28/2014	Date of Injury:	09/10/2010
Decision Date:	06/27/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/05/2014

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 Orthopedic Surgery 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 is a 50-year-old gentleman who sustained a low back injury on 09/10/10. The records provided for review include documentation of a diagnosis of anxiety disorder and lumbar fracture and clavicle fracture dating back to the time of injury in 2010. The report of an orthopedic follow up on 12/17/13 documented that the claimant has continued low back related complaints for which he is utilizing narcotic agents on a chronic basis. The report documents that the claimant requires transportation services due to the medications Morphine and Valium that he is on. The records do not reveal the claimant's current diagnoses. The 12/17/13 report by the physician documents concerns regarding the claimant's safety in driving. This review is to determine the medical necessity for three additional months of transportation services for the claimant.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED TRANSPORTATION TIMES THREE MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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); Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure -

Decision rationale: California MTUS and ACOEM Guidelines do not address transportation services. The Official Disability Guidelines recommend transportation services as needed for the appropriate individual. The claimant's chronic use of narcotic agents alone would not support the role of transportation services. There is no documentation within the medical records that the claimant does not have an alternative method of transportation or that a significant other would not be capable of providing the claimant's transportation. The inability to drive related to narcotic medication consumption does not require transportation services. If operating a motor vehicle is of utmost importance to this individual, a change in treatment regimen without use of chronic narcotic medications may need to be utilized. Therefore, the request is not medically necessary.