

Case Number:	CM14-0150863		
Date Assigned:	09/25/2014	Date of Injury:	05/16/1997
Decision Date:	10/27/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/16/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

Patient is a 58-year-old female who has submitted a claim for spondylosis and stenosis at C4-5 level, status post anterior cervical discectomy and fusion with cage and plate at C4-5 (08/20/13); and, osteophytes at C4-5, status post excision of bone spur (08/04/14), and status post radiofrequency neurolysis of C3-5 bilaterally (07/18/12), associated with an industrial injury date of 05/16/97. Medical records from 2012 to 2014 were reviewed. Patient apparently sustained a cumulative injury while performing in her capacity as a secretary. She experienced severe headache and pain in her neck radiating to the shoulders, arms and wrist, with noted numbness in the fingers. She then had subsequent consults with a general practitioner and an orthopedist. She has had medications, braces, injections, therapy and surgery secondary to the injury. 09/10/14 progress report notes that patient is 4 weeks post-operation, with noted improvement since her surgery. Her present complaint was report of 'knots' for the past week which was relieved by Flexeril. On physical examination, there was a well healed anterior cervical surgical incision consistent with the prior surgery. No evidence of erythema or exudates. There is noted decreased ROM of the cervical spine with mild tenderness over the paraspinous and trapezius muscles. Neurologic examination showed patient had unremarkable gait and station, with noted mild weakness of the deltoid muscles bilaterally, diminished right upper extremity DTR and diminished sensation in the right triceps area. Plan was to continue medications and to initiate post-operative physical therapy. Treatment to date has included braces, injections, physical therapy, surgeries and medications (Norco, Flexeril, Cymbalta, Lyrica, Lidoderm patch, Percocet and Amrix). Utilization review date of 09/15/14 denied the request for transportation from her home to the clinic because transportation services are not a medical service for the cure or relief of an industrial injury and as such, is outside the scope of a utilization review and are properly left to the claims administrator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and From [REDACTED] for 12 Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Medical Services.

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

Decision rationale: CA MTUS does not specifically address transportation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG states that transportation is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. In this case, transportation was requested for postoperative use. Patient has had previous certification for transportation post-operatively after her C4-5 cervical discectomy, caging and plating last 08/20/13. Patient is currently post-operative osteophyte excision at C4-5. Physical examination showed patient had mild tenderness at the cervical paraspinal and trapezius muscles as well as limited ROM. However, there is no evidence that patient has significant functional limitations that inhibit herself from driving or taking public transportation. There is likewise no discussion concerning absence of a caregiver to provide assistance. The medical necessity cannot be established due to insufficient information. There is no clear indication for certifying transportation at this time. Therefore, the request for transportation is not medically necessary.