

Case Number:	CM14-0169239		
Date Assigned:	10/17/2014	Date of Injury:	09/24/2007
Decision Date:	11/19/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/14/2014

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 General Preventative Medicine and is licensed to practice in Indiana. 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:

This employee is a 55 year old female with date of injury of 9/24/2007. A review of the medical records indicate that the patient is undergoing treatment for intervertebral disc disease of the cervical and lumbar spine. Subjective complaints include continued pain in both the neck and lower back. Objective findings include reduced range of motion for the cervical spine with tenderness upon palpation of the paravertebrals; limited range of motion of the lumbar spine with negative straight leg raise bilaterally; MRI showing bulging at C4-C5 and a fusion at C6-C7. Treatment has included radio frequency ablation, Thermacare, Oxycontin, Norco, a medial branch block, and physical therapy. The utilization review dated 9/9/2014 non-certified transportation to the facility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to facility: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg - Acute & Chronic (updated 08/25/14)

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

Decision rationale: MTUS does not address transportation, so alternate guidelines were utilized. ODG states regarding transportation: "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport." A review of the records provided indicates there is no evidence that the employee has deficits that would prevent providing transportation to and from medical appointments. The treating physician does not make comment or justification of the patient's inability to self-transport. It is also unclear which appointments the transportation would be for, the frequency, the total duration of the request, and if the appointments are in the "same community" as defined by ODG. While transportation may be warranted, the treating physician does not provide enough information to satisfy guidelines. As such, the request for 1 Request for Transportation is not medically necessary.