

Case Number:	CM14-0179155		
Date Assigned:	11/03/2014	Date of Injury:	03/19/2010
Decision Date:	12/12/2014	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	10/28/2014

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 Medicine 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 had a date of injury on 3/19/2010. A door lift fell on the patients head. Patient could not feel the neck area between the shoulder blades. Patient felt numb and cold in the neck and upper extremities. Patient had CT scans and an MRI of the brain which revealed normal findings. Diagnosis includes: cervicobrachial syndrome, myofascial pain, chronic pain syndrome. Patient has had 2 cervical epidural steroid injections, physical therapy, acupuncture care.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transportation to neurology consultation: 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 Labor code 4600a

Decision rationale: Based on guidelines covered transportation is not recommended. The patient is ambulatory and there is no medical documentation in regards to the need of transportation, therefore it is not medically necessary.