

Case Number:	CM14-0022296		
Date Assigned:	05/09/2014	Date of Injury:	03/07/2011
Decision Date:	07/10/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/21/2014

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 Surgery, and is licensed to practice in Texas. 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 54 year old male with a date of injury of 3/7/2011 (mechanism of injury not included). Document review indicate continued low back pain and the patient using a cane 80%, a walker 10%, and a wheelchair 10% of the time. Surgical history include L4/L5 and L5/S1 fusion (1/21/2013, 1/23/2013) of which, the patient reported 60-70% improvement in low back pain. Treatments include speech therapy and physical therapy. Of note, information requested on 2/6/2014 has not been received and the request has been denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSPORTATION TO AND FROM ALL MEDICAL APPOINTMENTS: 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 Official Disability Guidelines (ODG)Low Back Chapter, Office visits.

Decision rationale: The request for transportation to and from all medical appointments is not medically necessary. It was reported that the injured worker has been using a cane 80% of the time. There was no indication that this injured worker is unable to utilize other methods,

including utilizing public transportation to access any necessary services. Given the clinical documentation submitted for review, medical necessity of the request for transportation to and from all medical appointments has not been established. Thus, the request for transportation to and from all medical appointments is not medically necessary.