

Case Number:	CM14-0025433		
Date Assigned:	06/11/2014	Date of Injury:	07/21/2011
Decision Date:	07/15/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 58-year-old female who reported injury on 07/21/2011 as a result of a fall. The clinical note dated 02/12/2014 noted the injured worker presented with low back pain, with numbness, shooting, and tingling. She also complained of right lower extremity weakness and numbness in the bilateral lower extremities, sleep deprivation, depression, and anxiety. Prior therapy included Lidoderm patches and mediations. Upon examination, there was an antalgic gait. No acute distress, and pain behaviors within expectations. The diagnoses were degenerative of cervical intervertebral discs, displacement of lumbar intervertebral disc without myelopathy, and lumbar radiculopathy. The provider recommended transportation to and from all medical appointments and the provider's rationale was that the patient was unable to drive any distance due to pain and neuropathic symptoms, it is not safe for her to operate a car with hypoesthesia in her legs and she does not have anyone that could reliably bring her to every appointment. The Request for Authorization Form was dated 02/13/2014.

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 QUANTITY ONE: 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) Knee and Leg, Transportation.

Decision rationale: Official Disability Guidelines state that medically necessary transportation to appointments in the same community for injured workers with disabilities preventing them from self transport is recommended. A medical examination of the injured worker was not provided detailing current deficits to warrant the need for transportation. There were a lack of debilitating factors that prevent the injured worker from self transport. As such, the request is not medically necessary.