

Case Number:	CM14-0029149		
Date Assigned:	06/20/2014	Date of Injury:	10/16/2009
Decision Date:	07/17/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/07/2014

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 Occupational Medicine 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 injured worker is a 52 year old female who sustained an injury to her neck on 10/16/09 when she fell, striking her head. MRI of the cervical spine dated 10/31/11 revealed disc protrusion at C3-4 abutting the spinal cord producing spinal canal narrowing; neural foramina were patent; 1-2mm disc protrusion at C4-5 with compromise of the spinal canal or neural foraminal in the neutral, flexion/extension positions; disc protrusion at C5-6 abutting the thecal sac; bilateral neural foraminal narrowing; facet and unciniate arthropathy. Treatment to date included selective cervical epidural steroid injection with epidurogram, medications, and physical therapy. Medications included Prozac, Fioricet, Xanax, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from facility on date of request quantity 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee & leg.

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: The request for transportation to and from facility on date of request times two is not medically necessary. The previous request was denied on the basis that there were no disabilities documented that would prevent the injured worker from self-transport or from using public transportation. After reviewing the clinical documentation submitted for review, there was no additional significant objective clinical documentation that would support reversing the previous adverse determination. Given this, medical necessity of the request has not been established.