MAXIMUS Federal Services

| Case Number: | CM14-0036583 | | |
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| Date Assigned: | 06/25/2014 | Date of Injury: | 09/10/2010 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 03/18/2014 |
| Priority: | Standard | Application Received: | 03/25/2014 |

## 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 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:

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; anxiolytic medication; and medical marijuana. In a utilization review dated March 17, 2014, the claims administrator retrospectively approved transportation performed over the past three months and partially certified a request for transportation in unspecified amounts as transportation for two months alone. The claims administrator invoked non-MTUS ODG Guidelines to partially certify the request for transportation. The applicant's attorney subsequently appealed. In a January 13, 2013, progress note, the applicant reported persistent complaints of chronic low back, mid back, shoulder, and hip pain with derivative complaints of posttraumatic stress disorder, anxiety, depression, and deranged sleep. The applicant's medication list included Lorzone, Morphine, and MS Contin. The applicant was obese, with a BMI of 31. Multiple medications were renewed. The applicant was asked to consider a spine surgery consultation and/or consider implantation of an intrathecal pain pump. Various medial branch blocks were sought. On March 9, 2014, acupuncture was sought.In an appeal letter dated December 17, 2013, the attending provider sought authorization for medical transportation on the grounds that the applicant was using opioid and benzodiazepine medications which would potentially interfere with his ability to drive. On September 25, 2013, medical transportation was again sought while the applicant was placed off work, on temporary total disability, through December 1, 2013.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospect review of transportation-duration undefined:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes making and keeping provider appointments. The service being sought by the attending provider, medical transportation, then, is an article of applicant responsibility as opposed to an article of payer responsibility. Furthermore, the attending provider has not outlined why the applicant cannot eschew consumption of the medications in question immediately prior to driving, nor does the attending provider establish why the applicant cannot obtain transportation via other means, including public or private transport. Again, however, ACOEM deems the article of keeping appointments one which an applicant is responsible for. Therefore, the request is not medically necessary.