

Case Number:	CM14-0037907		
Date Assigned:	06/25/2014	Date of Injury:	03/18/2010
Decision Date:	07/29/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	03/31/2014

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, Pain 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 63 year old male who sustained injuries to his neck and back on 03/18/10. The mechanism of injury was not documented. The injured worker was status post cervical fusion at C4-5 for cervical myelopathy with a history of involvement of both shoulders from cervical myelopathy prior the cervical fusion. MRI of the lumbar spine dated 12/30/11 demonstrated multilevel disc protrusions with facet hypertrophy and stenosis at L2-3. EMG of the bilateral upper extremities dated 05/14/10 were unremarkable. Physical examination noted well healed anterior scar on the left side of the cervical spine; no tenderness to midline in the posterior cervical spine; range of motion flexion 40 degrees, extension full, lateral bending to the right 35 degrees, left 25 degrees, rotation right 50 degrees, left 45 degrees; cervical compression did not produce pain; reflexes 3+; lumbar spine full flexion, extension 15 degrees, lateral bending 20 degrees, right and 15 degrees left. Straight leg raise negative bilaterally; Lasegue test negative; Patrick test positive left; femoral stretch test negative bilaterally; no clonus in bilateral lower extremities; Babinski sign negative; motor strength 5/5 left, 4/5 right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to/from pain management consultation and appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 CHAPTER, TRANSPORTATION.

Decision rationale: Previous request was denied on the basis that the medical records provided did not discuss specific issues supporting the need for transportation to and from medical office visits. In this case, there was no indication that the medical/physical condition of the injured worker is such that the injured worker could not transport himself to his appointments. There was no indication that the injured worker had any comorbidity that would inhibit them from using public transportation to get to and from medical office visits. Given this, the request for transportation to/from pain management consultation and appointments is not medically necessary and appropriate.