

Case Number:	CM14-0042755		
Date Assigned:	07/23/2014	Date of Injury:	10/13/2009
Decision Date:	08/28/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/14/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and bilateral leg pain reportedly associated with an industrial injury of October 3, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; opioid therapy; unspecified amounts of aquatic therapy; and earlier lumbar spine surgery. In a Utilization Review Report dated March 10, 2014, the claims administrator denied a request for medical transportations to and from appointments, invoking non-MTUS ODG guidelines. The applicant's attorney subsequently appealed. In a July 8, 2014 progress note, the applicant was given refills of morphine, Norco, and Neurontin. The applicant was asked to pursue a spinal cord stimulator and a precursor psychological evaluation following reportedly failed earlier fusion surgery. The applicant was using morphine, Norco, Celebrex, Protonix, Wellbutrin, and Neurontin, it was stated. The applicant was having difficulty transferring to the exam table. The applicant was ambulating with the aid of a cane. It was stated that the applicant had a slightly antalgic gait. On July 8, 2014, authorization was again sought for morphine, Norco, and Neurontin. The applicant was again described as ambulating with the aid of a cane, with a slightly antalgic gait. In an earlier note of January 29, 2014, authorization was sought for home health services to assist the applicant's performance with activities of daily living at home. The applicant was described as permanent and stationary and reportedly unable to work. In an earlier note dated February 27, 2014, the applicant stated that she needed transportation to attend appointments as her medications sometimes made her drowsy. The applicant was again described as unable to work. Authorization was also sought for home health services on this occasion

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation for all future appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Knee and Leg Procedure Summary.

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 appointments, keeping appointments, and obtaining transportation to and from medical appointments, per ACOEM, which is considered an article of applicant responsibility as opposed to an article of payer responsibility. It has not been clearly stated why the applicant cannot take a bus and/or taxi to and from appointments if she feels that medications are making her too drowsy to drive. Therefore, the request is not indicated both owing to the attending provider's lack of supporting rationale as well as owing to the unfavorable ACOEM position on the same. Accordingly, the request is not medically necessary.