

<b>Case Number:</b>	CM14-0064489		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/26/2003
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 Psychiatry and Neurology, as well as Addiction Medicine, has a subspecialty in Geriatric Psychiatry and is licensed to practice in California and 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 47 year old male whose date of injury is 07/26/2003. He was pushing a heavy cart of drywall weighing around 2000 lbs which was unbalanced. It veered, struck him in the chest, and pinned him against a wall. He experienced neck, chest and low back pain and was diagnosed with cervical spine musculoligamentous strain, lumbar radiculopathy, left knee contusion, and possible internal derangement as compensatory consequence of lumbar spinal injury. He was treated with medication and physical therapy with no effect. He subsequently underwent injections and surgery. He then developed depression and anxiety due to pain and inability to work. He began to gain weight after his injury, ultimately becoming morbidly obese. His primary psychiatric diagnosis is major depressive disorder single episode severe. The patient has a history of a suicide attempt in 2004. He has been treated with antidepressants, antianxiety medications, and second generation antipsychotics as augmentation however his depression and suicidal thoughts have continued. He was hospitalized psychiatrically for a week in 2011 and was released with treatment of therapy and stress management, homecare assistance, pain management, weight loss program, and transportation (rationale not given). In 2012 urinary and fecal incontinence are noted with the necessity of wearing diapers, and there are reports of swelling in the kidneys, liver, testicles, and penis. He was no longer sexually active. In 2013 he was diagnosed with uncontrolled diabetes and was placed on insulin and Metformin. In 03/14 he was placed on a 72 hour hold for suicidal ideation, which continued post hospitalization. Ultimately after the injury he was described as having history of blunt head trauma, industrial, history of mild post traumatic head syndrome, industrial, and history of post traumatic headaches, industrial. Pain management report of 6/4/14 shows his other diagnoses are severe left lumbar radiculitis, cervical spondylosis, bilateral knee patellofemoral arthralgia, and morbid

obesity. He is being seen by a urologist for his incontinence. Medications include Abilify, Cymbalta, Vistaril, Celexa, Seroquel, Tramadol, Vesicare (urinary incontinence) and gabapentin. The patient was noted to have intractable pain, headaches, and depression that failed medications, therapy, Transcutaneous Electrical Nerve Stimulation (TENS), and intensive cognitive therapy. The report indicates that he requires transportation for all activities of daily living as he is unable to drive or take public transportation due to his pain, orthopedic limitations, multiple medications, and cognitive disturbance. He had been receiving transportation through 2013.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**24/7 Transportation to all medical appointments:** 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 & Leg, Transportation (to and from appointments)

**Decision rationale:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Knee & Leg, Transportation (to and from appointments). The Expert Reviewer's decision rationale: The patient has multiple medical and psychiatric conditions that require consistent monitoring to maintain quality of care according to community standards of practice. In his case this would include regular follow up with psychiatry/psychology, pain management, orthopedics, and urology. After reviewing the patient's records he does appear to require assistance in getting to and from his appointments. His physical limitations alone would render him unable to drive independently or use public transportation (e.g. limited ambulation, difficulty sitting/standing, urinary/fecal incontinence, intractable pain). However, there is no time frame specified in this request and it cannot be certified indefinitely. Therefore this request is not medically necessary. ODG: Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport.