

Case Number:	CM14-0191555		
Date Assigned:	11/25/2014	Date of Injury:	08/31/1998
Decision Date:	01/13/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/17/2014

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, has a subspecialty in Interventional Spine 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 patient is a 50-year-old female with date of injury of 08/31/1998. The listed diagnoses from 10/22/2014 are: 1. Cervical radiculopathy.2. Status post cervical spinal fusion.3. Lumbar radiculopathy.4. Fibromyalgia.5. Headaches.6. Anxiety.7. Depression.8. Hypertension.9. Insomnia.10. Chronic pain.11. History of elevated ANA labs12. History of urinary incontinence. 13. Jaw pain. According to this report, the patient complains of neck pain that radiates down the bilateral upper extremities. She also complains of low back pain that radiates down the bilateral lower extremities that is aggravated by activity and walking. She also reports abdominal pain, ongoing headaches, incontinence, jaw pain, and fibromyalgia. Her pain is rated 7/10 with medication and 9/10 without medication. The examination shows the patient is alert, oriented and cooperative, and is in slight distress. The patient's gait was slow. She utilizes a walker to ambulate. A fibromyalgia exam was performed and showed 16/18 fibro tender points. Cervical lordosis is decreased. There is spasm noted bilaterally in the paraspinous muscles. Spinal vertebral tenderness was noted in the cervical spine C4-C7. There is spasm noted at L4-L5. Tenderness was noted upon palpation in the paravertebral area L3-S1 levels and in the bilateral buttocks. Myofascial trigger points with twitch response are noted in the paraspinous muscles on the right. Sensory exam shows decreased sensitivity to touch in the left lower extremity. A motor exam shows decreased strength of the patellar reflexes on the left. Straight leg raise was positive bilaterally at 50 degrees. The physician references an MRI of the lumbar spine from 03/17/2014 that showed right paracentral posterior disk protrusion at L5-S1. The documents include a QME report from 07/08/2014 and progress reports from 08/07/2014 to 10/22/2014. The utilization review denied the request on 11/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to all medical appointments: Overturned

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 and Leg Chapter, Transportation

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 on Transportation

Decision rationale: This patient presents with neck and low back pain. The physician is requesting transportation to all medical appointments. The MTUS and ACOEM Guidelines do not discuss transportation. However, the ODG states, "Recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport." The Aetna Guidelines do support transportation services if it is essential to medical care. Evidence of medical necessity that is specifically identifies the medical condition needs to be provided. The 10/22/2014 report shows that the physician is requesting transportation stating, "Patient should not be forced to withhold from taking her pain medication to be a safe driver. Multiple medications medically necessary to help her cope with her pain are sedating and if taken as prescribed would prohibit her from being a safe driver. She continues to require authorization for transportation to all her medical visits." Given the patient's significant symptoms and possible impairment when operating a vehicle (due to the necessity of her current medication regimen), the medical necessity for transportation has been established. The request is therefore considered as medically necessary.