

Case Number:	CM14-0203473		
Date Assigned:	12/16/2014	Date of Injury:	01/09/2003
Decision Date:	02/11/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/05/2014

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 Family Practice 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:

Patient had a date of injury on 1/9/2003. MRI of the thoracic spine showed facet hypertrophy at the T7-8, T8-9, and T10-11 levels. Diagnosis includes facet generated mid back pain, status post anterior cervical fusion from c4-c7, status post lumbar fusion at l4-s1 and low back pain with radicular symptoms to the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from medical visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Department of Motor Vehicles, Health and Safety Code Section 103900: Reporting Disorders Characterized by Lapses of Consciousness

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.medicare.gov/coverage/ambulance-services.html>

Decision rationale: According to guidelines, it states transportation can be recommended if there is a medical need for it. There are different types of transportation services available.

According to the medical records, there is no documentation as to why the patient needs transportation. Therefore, the request is not medically necessary.

Orthopedic consultation for cervical, thoracic and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Independent Medical Examinations and Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), office visits

Decision rationale: According to guidelines, a referral to other specialties is needed if a diagnosis is unclear or complex. According to the medical records, there is a clear diagnosis and no documentation as to why a referral is needed. Therefore, the request is not medically necessary.