

Case Number:	CM15-0167644		
Date Assigned:	09/08/2015	Date of Injury:	10/08/2007
Decision Date:	10/07/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/25/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 42-year-old female, with a date of injury of 10-08-2007 because of a fall. Diagnoses include degeneration of cervical intervertebral disc, cervical disc displacement, cervical radiculitis, low back pain, lumbar radiculopathy and lumbosacral root lesions NEC. Treatment to date has included conservative measures consisting of medications, physical therapy and transcutaneous electrical nerve stimulation (TENS). Per the Primary Treating Physician's Progress Report (PR-2) dated 5-07-2015, the injured worker reported neck pain and low back pain with radiation into the bilateral shoulders. There is paresthesias in the hand and numbness and weakness in the arm. She also reported headaches. Objective findings of the cervical spine included asymmetry of the neck and shoulders with tilting of the head and neck to the left. There was trapezial tenderness and limited cervical range of motion. The plan of care included medications, percutaneous electrical nerve stimulation (PENS) therapy, a walker for ambulation and physical therapy. Authorization was requested for transportation to and from every doctor's office visit every 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from every doctors office visit every 4-6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition, Pain, Home health services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/200_299/0218.html.

Decision rationale: Pursuant to the Aetna Clinical Policy Bulletin: Home Health Aides, transportation to and from every doctor's office visit every 4-6 weeks are not medically necessary. The MTUS and Official Disability Guidelines do not cover transportation to and from appointments. Aetna does not consider transportation medically necessary. See the attached link for additional details. In this case, the injured worker's working diagnoses are degeneration cervical intervertebral disc; cervical disc displacement; cervical radiculitis; low back pain; lumbar radiculopathy; and lumbosacral root lesions NEC. Date of injury is October 8, 2007. Request authorization is dated July 30, 2015. Progress note documentation by the requesting provider is hand written and difficult to read. A progress note dated May 26, 2015 and a progress note dated June 23, 2015 do not contain a clinical discussion of transportation with a clinical indication or rationale for transportation to and from the provider's office. The injured worker ambulates with a lightweight walker. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical discussion, rationale or clinical indication for transportation to and from the provider's office, documentation indicating the injured worker ambulates with a lightweight walker and guideline non-recommendations for transportation, transportation to and from every doctor's office visit every 4-6 weeks are not medically necessary.