

Case Number:	CM15-0168116		
Date Assigned:	09/14/2015	Date of Injury:	04/01/2008
Decision Date:	10/19/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/26/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old female, who sustained an industrial injury on 4-1-08. The injured worker was diagnosed as having cervical radiculopathy, cervical pain, shoulder pain, mood disorder, and spasm of muscle. Treatment to date has included acupuncture, a cervical epidural steroid injection, and medication. On 7-9-15 the treating physician noted "function and activities of daily living improved optimally on current doses of medications." Currently, the injured worker complains of neck and upper back pain. On 7-14-15 the treating physician requested authorization for transportation to and from appointments x 6. On 7-27-15 the request was non-certified; the utilization review physician noted "based on the currently available documentation the medical necessity for this request had not been established."

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from appointments qty: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) ODG Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Knee & Leg (Acute & Chronic) (updated 07/10/10).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Knee and Leg Chapter, Transportation (to & from appointments).

Decision rationale: The patient presents with diagnoses include cervical radiculopathy, cervical pain, shoulder pain, mood disorder and spasm of muscle. Currently the patient complains of neck and upper back pain. The current request is for Transportation to and from appointments qty: 6. The treating physician states in the treating reported dated 7/9/15 (31b) under the Plan section, "Request transportation to and from appointments as driving causes her increased pain." Later in the clinical history the physician notes in the treating report dated 9/8/15 (55b), "Pt c/o more pain due to having to drive self to apt." MTUS is silent regarding the request treatment. ODG states the following for transportation to and from appointments: "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport." AETNA has the following guidelines on transportation: "The cost of transportation primarily for, and essential to, medical care is an eligible medical expense. The request must be submitted for reimbursement and the request should document that patient cannot travel alone and requires assistance of a nurse or companion." In this case, though the cost of transportation to doctor's appointments may be reimbursable, the treating physician has not documented that the patient suffers with disabilities preventing them from self-transport. ODG requires much more detailed documentation. The current request is not medically necessary.