

Case Number:	CM15-0195324		
Date Assigned:	10/09/2015	Date of Injury:	05/20/2004
Decision Date:	11/25/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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

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(n) 54 year old female, who sustained an industrial injury on 5-20-04. The injured worker was diagnosed as having depressive disorder, status post C6-C7 anterior discectomy and cervical fusion and fibromyalgia. Medical records (2-17-15 through 9-1-15) indicated that the injured worker is permanently disabled and has difficulty completing all activities of daily living due to pain. The treating physician noted she requires assistance for all transportation. As of the PR2 dated 9-15-15, the injured worker reports depression, OB-GYN issues, stress reactive, tearful, angry and temperamental. There was no objective findings noted. The treating physician noted that the injured worker is permanently disabled. Treatment to date has included psychotherapy, Gabapentin and Cyclobenzaprine. The urine drug screen on 4-6-15 was positive for marijuana and negative for the prescribed Cyclobenzaprine. The treating physician requested transportation for activities of daily living. The Utilization Review dated 9-17-15, non-certified the request for transportation for activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation for Activities of Daily Living: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Chronic Pain Medical

Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Transportation (to & from appointments).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter under Transportation and Other Medical Treatment Guidelines www.aetna.com : transportation.

Decision rationale: The patient presents with advanced pain syndrome. The request is for Transportation for activities of daily living. The request for authorization is not provided. The patient is status post C6-7 anterior discectomy and cervical fusion. Patient's diagnoses include history of delayed fusion; possible hardware loosening; fibromyalgia; pain disorder associated with psychological factors and general medical condition; major depressive disorder; irritable bowel syndrome; bilateral shoulder impingement. Physical examination reveals diffuse spine tenderness. The patient continues to have difficulty completing all activities of daily living due to complaints related to an advanced pain disorder. She remains upset that the home care assistance has not been provided. She feels that without the home care assistance, she is essentially home bound. Per progress report dated 09/15/15, the patient to remain off work as patient is permanently disabled. ODG-TWC guidelines, Knee chapter under Transportation (to & from appointments) states: "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport (CMS, 2009) ." www.aetna.com:transportation. 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." Per progress report dated 08/10/15, treater's reason for the request is "due to complaints related to an advanced pain disorder." In this case, while the patient suffers from pain, there is no indication that she requires nursing home level care. Treater does not discuss or document the patient's social situation. It is not clear why a friend or a family member cannot drive the patient to assist in her activities of daily living. Furthermore, there is no description of any ambulation difficulties and no organic basis for inability to self-transport or to use public transportation. Therefore, the request is not medically necessary.