

Case Number:	CM15-0205517		
Date Assigned:	10/22/2015	Date of Injury:	10/12/2013
Decision Date:	12/07/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/20/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 is a 64 year old male who sustained an industrial injury on 10-12-2013. A review of the medical records indicates that the injured worker is undergoing treatment for headache, deconditioning, myofascial pain syndrome (cervical), cervical radiculopathy and multilevel degenerative disc disease. According to the progress report dated 9-29-2015, the injured worker complained of right greater than left stiffness and muscle pain of his shoulder and neck. He reported improvement of his gastrointestinal symptoms since discontinuing Cymbalta and Celebrex. The physician noted that the injured worker was evaluated for the HELP program on 9-1-2015. Per the HELP evaluation, the injured worker required daily transportation to and from the program. It was noted that "the sustained body positions imposed while driving a vehicle for extended periods of time exacerbated and aggravates the patient's pain problem, which when combined with additional hours of activity may lead to regression in progress during treatment." Objective findings (9-29-2015) revealed trigger points in the right trapezius and rhomboid muscles, as well as his neck paraspinal muscles. Gait was antalgic. Treatment has included physical therapy, chiropractic treatment and medications. Current medications (9-29-2015) included Aleve and Lyrica. The original Utilization Review (UR) (10-13-2015) denied a request for daily transportation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Daily transportation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Procedure Summary, Transportation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Overview of geriatric rehabilitation: Program components and settings for rehabilitation.

Decision rationale: This injured worker has chronic pain with an antalgic gait. The records indicate that driving a vehicle for extended periods of time exacerbated his pain. The records do not define 'extended periods of time' nor document an inability to drive. The medical records do not substantiate the degree of functional impairment of the injured worker with regards to gait or function and why transportation is medically indicated. The medical necessity of transportation is not substantiated in the records, therefore is not medically necessary.