MAXIMUS Federal Services

Case Number:	CM15-0207693		
Date Assigned:	10/26/2015	Date of Injury:	03/09/2015
Decision Date:	12/07/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/22/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 28 year old male sustained an industrial injury on 3-9-15. Documentation indicated that the injured worker was receiving treatment for status post traumatic brain injury, concussion, post traumatic headaches with features of migraine, depression, anxiety and seizures. Computed tomography brain (3-9-15) showed no acute finding. Electroencephalogram (7-6-15) was normal in a "tense and restless" patient. In a neurologic reevaluation dated 7-28-15, the injured worker reported having another seizure at home. The injured worker had stopped taking his Depakote but had since restarted it. The physician recommended a psychiatric consultation and a 40 hour ambulatory electroencephalogram to evaluate for non-epileptic seizures. In a qualified medical evaluation dated 9-9-15, the injured worker reported that he had had three to five episodes of loss of consciousness since his injury. The injured worker had been diagnosed with having seizures despite a normal neurologic exam and normal computed tomography and electroencephalogram. The physician noted that it would be somewhat unusual for an individual who sustained a head injury resulting in momentary loss of consciousness with immediately normal neuroimaging studies to develop a seizure disorder with the timeframe; however, the injured worker remained temporarily and partially disabled as a result of his episodes of loss of consciousness. The injured worker could not operate any motor vehicle. On 9-29-15, a request for authorization was submitted for transportation for medical visits. On 10-13-15, Utilization Review noncertified a request for transportation for medical visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation for medical visits: 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 & Leg, http://www.dhcs.ca.gov/services/medi-cal/documents/mancriteria_32_medtrans.htm.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG recommends transportation to same community appointments if the patient has disabilities that prevent self-transport and has disabilities requiring skilled nursing services. This patient has a history of seizure which is noted to prevent them from driving but other forms of transportation are not prohibited. Therefore the request is not medically necessary.

Transportation for ADL's: 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 & Leg, http://www.dhcs.ca.gov/services/medi-cal/documents/mancriteria_32_medtrans.htm.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG recommends transportation to same community appointments if the patient has disabilities that prevent self-transport and has disabilities requiring skilled nursing services. This patient has a history of seizure which is noted to prevent them from driving but other forms of transportation are not prohibited. Therefore the request is not medically necessary.