

<b>Case Number:</b>	CM15-0208116		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	02/01/2009
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 53 year old male, who sustained an industrial injury on 2-1-09. The injured worker has complaints of neck pain rated 4 out of 10 with burning in the left upper arm. Cervical flexion and extension is 20 degrees, bilateral rotation is 40 degrees and right lateral flexion is 40 degrees. The diagnoses have included carpal tunnel syndrome; severe cervical degenerative disc disease and depression. Treatment to date has included acupuncture. The original utilization review (10-13-15) non-certified the request for transportation to acupuncture treatments. Several documents within the submitted medical records are difficult to decipher.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation to acupuncture treatments:** 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 - Transportation (to and from appointments); URL [[www.dchs.ca.gov/services/medi-cal](http://www.dchs.ca.gov/services/medi-cal)].

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Transportation (to & from appointments).

**Decision rationale:** The injured worker sustained a work related injury on 2-1-09. The medical records provided indicate the diagnosis of carpal tunnel syndrome; severe cervical degenerative disc disease and depression. Treatment to date has included acupuncture. The medical records provided for review do not indicate a medical necessity for Transportation to acupuncture treatments. The MTUS is silent on this topic; but the Official Disability Guidelines states as follows, "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009) Note: This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care. Transportation in other cases should be agreed upon by the payer, provider and patient, as there is limited scientific evidence to direct practice." The medical records indicate the injured worker is 53 years of age, and does not meet the age requirement. Therefore, the requested treatment is not medically necessary.