MAXIMUS Federal Services

Case Number:	CM15-0025985		
Date Assigned:	02/18/2015	Date of Injury:	09/04/2003
Decision Date:	04/06/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/11/2015

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: Internal 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 59 year old female who sustained a work related injury to her neck when she hit her head off an open file cabinet drawer on September 4, 2003. The injured worker was diagnosed with cervicobrachial syndrome, failed back syndrome, adjustment reaction and post-traumatic stress disorder. The injured worker underwent neurolysis of the left brachial plexus with decompression of the left subclavian artery, thoracic nerve, suprascapular nerve and C 8 and T1 spinal nerves on January 30, 2015. The injured worker also underwent a right sided implantable pulse generator on January 9, 2014 and C5-6 and C6-7 fusion (date not documented). According to the primary treating physician's progress report the patient is afraid of getting lost or having a panic attacks with bus transfers. She does not drive due to a previous motor vehicle accident. Current medications are listed as Wellbutrin, Valium, Trazadone, Topiramate, Tramadol, topical analgesic, and Nortriptyline. Treatment modalities consist of medication, physical therapy and continue home exercise program. The treating physician requested authorization for transportation to medical visits due to risk of psychiatric crisis with having to take a bus. On February 6, 2015, the Utilization Review denied certification for transportation to medical visits. The Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the American College of Occupational and Environmental Medicine (ACOEM) do not address this request, therefore the Official Disability Guidelines, Treatment & Workman's Compensation (ODG-TWC), Work Loss Data Institute was utilized in the decision process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to Medical Visits Due to Risk of Psychiatric Crisis with Having to take the Bus as Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic) updated 01/30/2015, regarding transportation (to and from appointments).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Transportation (to & from appointments).

Decision rationale: Medical Treatment Utilization Schedule (MTUS)) Chronic Pain Medical Treatment Guidelines (Page 51) addresses home health services. Home health services are recommended only for medical treatment for patients who are homebound. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Official Disability Guidelines (ODG) indicates that transportation is recommended for medically-necessary transportation to appointments for patients with disabilities preventing them from self-transport. This reference applies to patients with disabilities preventing them from self-transport who need a nursing home level of care. The psychiatric qualified medical evaluation report dated December 29, 2014 documented a mental status examination. The patient's behavior was cooperative. She made good eye contact and rapport was easily established. Her speech was normal in rate, rhythm and tone. She had a good command of the English language. Her mood was relaxed and her affect was appropriate to content. She was alert and correctly oriented to person, place, time and situation. Her recent and remote memory and immediate recall appeared to be intact. Her intellectual functioning was estimated to be in the average range. Thought processes were logical goal-directed. She denied any auditory or visual hallucinations. No delusions were elicited. General fund of knowledge was appropriate to her age and education. Insight and judgment appeared to be intact and were adequate. The diagnosis was mood disorder secondary to a general medical condition (neck pain, bilateral shoulder pain, and lower back pain) industrially related. The primary treating physician's progress report dated 1/9/15 documented that the patient was alert and oriented. Affect was appropriate. The patient ambulated without a device. Gait was normal. The patient communicated clearly with no obvious cognitive deficits. She was able to articulate her points and concerns clearly. She was more animated than her last visit, with more appropriate smiling. Transportation to all medical visits was requested. No frequency or duration parameters on the transportation request were specified. Physical examination indicates that the patient is ambulatory with a normal gait. Psychiatric examination indicates stable psychological status. There are no physical examination findings of a disability that prevents self-transport. The patient does not need nursing home level care. The patient is not homebound. The request for transportation is not supported by the medical records, MTUS, or ODG guidelines. Therefore, the request for transportation to medical visits is not medically necessary.