

Case Number:	CM15-0035953		
Date Assigned:	03/04/2015	Date of Injury:	10/31/2007
Decision Date:	04/15/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/25/2015

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 67 year old female who sustained an industrial injury on 10/31/07. The injured worker reported symptoms of chronic pain, dysphoria and fatigue. The diagnoses included depressive disorder and hypoactive sexual desire disorder. Treatments to date include spinal injections, epidural steroid injection, home exercise program and activity modification. In a progress note dated 12/10/14 the treating provider reports the injured worker reported "improvement in coping skills and assertiveness skills...improvement in family dynamic and communications." On 1/30/15 Utilization Review non-certified the request for transportation, The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Chapter, Transportation (to & from appointments), Department of Health Care Services-California http://www.dhcs.ca.gov/services/medi-cal/Documents/ManCriteria_32_MedTrans.htm Criteria for Medical Transportation, R-15-98E Criteria Manual Chapter 12.1 Criteria for Medical Transportation and Related Services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Guidelines on Transportation Official disability guidelines Knee and Leg Chapter on Transportation.

Decision rationale: This patient presents with chronic pain in multiple body parts. The treater is requesting TRANSPORTATION. The RFA from 01/19/2015 shows a request for transportation. The patient's date of injury is from 10/31/2007 and her current work status was referred to the primary treating physician. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the Knee and Leg Chapter on Transportation states, Recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. The Aetna Guidelines do support transportation services if it is essential to medical care. Evidence of medical necessity that specifically identifies the medical condition needs to be provided. The 12/05/2014 report shows spasm and tenderness over the paravertebral muscle of the cervical and lumbar spine with decreased ROM. There is decreased sensation at C6, C7 and L5-S1 bilaterally. The 12/10/2014 report notes that the treater is requesting transportation as a result of the patient's industrial injury. There is no discussion about the patient's medical condition preventing her from self-transport. The request IS NOT medically necessary.