

Case Number:	CM15-0089473		
Date Assigned:	05/14/2015	Date of Injury:	05/19/2014
Decision Date:	06/17/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/08/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 43 year old male, who sustained an industrial injury on 5/19/2014. He reported being hit in the head with a metal bar and developed dizziness, headaches, and mild pain that continued to develop into neck pain with bilateral upper extremity symptoms. Diagnoses include cervical strain and headaches. Treatments to date include activity modification, medication therapy, chiropractic therapy, physical therapy, and epidural steroid injections. Currently, he complained of constant neck pain with radiation to bilateral upper extremities associated with numbness and tingling. There were also complaints of symptoms including anxiety, depression, stress and difficulty sleeping. On 3/23/15, the physical examination documented moderate tenderness over cervical muscles with limited range of motion. There was a positive Spurling's test bilaterally. There was decreased sensation in upper extremities bilaterally as well as muscle weakness. The treating diagnoses included cervical spine stenosis with multiple disc protrusions C3- C7 and bilateral upper extremity radicular pain. The plan of care included scheduling an anterior cervical discectomy and fusion at C3-C4. This request was for authorization to obtain transportation To and From the facility between 4/9/15 and 5/24/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from facility: 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, Transportation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter; Transportation.

Decision rationale: This 43 year old male has complained of neck pain since date of injury 5/19/14. He has been treated with chiropractic therapy, epidural steroid injections, physical therapy and medications. The current request is for Transportation to and from facility. The available medical records do not contain documentation that the patient is unable to transport himself to and from appointments. There is no substantiation therefore to this request. On the basis of the available medical documentation and per the ODG guidelines cited above, transportation to and from facility is not indicated as medically necessary.