

Case Number:	CM14-0126664		
Date Assigned:	08/13/2014	Date of Injury:	12/09/2010
Decision Date:	10/08/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 9, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; epidural steroid injection therapy; unspecified amounts of physical therapy over the life of the claim; and 47% whole person impairment rating through a medical-legal evaluation; cervical fusion surgery; lumbar fusion surgery; and psychologic counseling. In a Utilization Review Report dated July 30, 2014, the claims administrator denied a request for indefinite transportation. Non-MTUS ODG Guidelines were invoked on the denial. The applicant's attorney subsequently appealed. In a March 24, 2014, medical-legal evaluation, the applicant was given primary mental health diagnoses of major depressive disorder (MDD) with resultant Global Assessment of Functioning (GAF of 58). In February 17, 2014, progress note, the applicant was described as having persistent complaints of low back and neck pain with derivative complaints of depression. The applicant was apparently tearful. The note was handwritten and difficult to follow. The applicant did exhibit slow gait with tremors. The applicant is asked to continue psychotherapy. Permanent work restrictions were renewed. The applicant did not appear to be working. On May 20, 2014, the applicant reported multifocal 7 to 8/10 neck and low back pain. The applicant stated that she was depressed and frustrated. The applicant stated that she was miserable and that her pain was severe. The applicant was Prozac, Zyrtec, Wellbutrin, Desyrel, Klonopin, oxycodone and Flexeril. The applicant was placed off of work. The attending provider stated that the applicant could not sustain employment. A series of three epidural steroid injections was sought. Prescriptions for oxycodone, Flexeril, and Elavil were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Indefinite time of transportation to and from all medical care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation, Knee & Leg Procedure Summary, (last updated 06/05/2014), Transportation (to and from Appointments)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes making and keeping appointments. Transportation to and from medical care, thus, is, per ACOEM, an article of applicant responsibility as opposed to an article of payer responsibility. The attending provider did not, moreover, outline why the applicant could not attend office visits of her own accord, through either public or private conveyance. Therefore, the request is not medically necessary.