

Case Number:	CM14-0173148		
Date Assigned:	10/23/2014	Date of Injury:	05/10/2011
Decision Date:	12/03/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/20/2014

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:

This patient is a 45 year-old male with date of injury 05/10/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/24/2014, lists subjective complaints as pain in the neck. Patient underwent an MRI of the cervical spine on 09/18/2014 that was notable for moderate vertebral spondylosis at C5-6 with mild loss of vertebral disc space and slight fixed degenerative grade I retrolisthesis of C5 and C6. Mild vertebral spondylosis at C4-5 was also noted. Objective findings: No physical examination was documented in the PR-2 supplied for review. Diagnosis: 1. Head injury, post-concussion syndrome 2. Chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Travel Companion for Work Comp Deposition in December 2014 in The State of California: 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 and Leg: Transportation (to and from Appointments)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: California Department of Health Care Services Criteria Manual Chapter 12.1, Criteria for Medical Transportation and Related Services Non-emergency medical transportation

Decision rationale: Nonemergency medical transportation is provided when necessary to obtain program covered medical services and when the beneficiary's medical and physical condition is such that transport by ordinary means of private or public conveyance is medically contraindicated. This type of medical transportation is subject to prior authorization. Each authorization request for such transportation must be accompanied by either a prescription or order signed by a physician, dentist, or podiatrist, which describes the medical reasons necessitating the use of nonemergency medical transportation. There is no documentation that the use of public or private transportation, with or without the supervision of a traveling companion, is medically contraindicated. In addition, a patient's transportation needs back and forth to a deposition is not a medical issue; consequently, it is not covered and California Labor Code, section 4610. There is little documentation in the medical record supporting the need to supply a traveling companion to supervise the patient during his trip from a Montana to California. Travel Companion for Work Comp Deposition in December 2014 in The State of California is not medically necessary.