MAXIMUS Federal Services

Case Number:	CM14-0173588		
Date Assigned:	10/24/2014	Date of Injury:	02/15/2011
Decision Date:	12/15/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/21/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 40 year old with an injury date on 2/15/11. Patient complains of continuing low lumbar pain, which is a burning sensation in middle of the spine radiating into right lower extremity with numbness/tingling/weakness, left-sided cervical spine spasm with radiation into left shoulder, along with locking/spasm of bilateral hands per 8/13/14 report. Patient's hands and wrist have joined into a flexed position, but patient is "doing well other than the contracture of left hand" per 8/13/14 report. Based on the 8/13/14 progress report provided by [redacted] the diagnoses are: 1. s/p cervical spine fusion C5-6 and C6-72. lumbar spine HNP with radiculopathy3. postoperative cervical spine C6-7 fusion4. thoracic spine myoligamentous injury5. posttraumatic headaches, improving6. neuralgia7. sleep deprivation, improving8. hypertensionExam on 8/13/14 showed "C-spine range of motion limited with extension at 10 degrees. L-spine range of motion limited with flexion at 45 degrees." Patient's treatment history includes hot packs, chiropractic treatment, physical therapy. [redacted] is requesting transportation to medical appointments. The utilization review determination being challenged is dated 10/20/14. [redacted] is the requesting provider, and he provided treatment reports from 10/28/13 to 9/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to medical appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Transportation (to & from appointments)Medicare guidelines for transportation. http://www.medicare.gov/LongTermCare/static/CommunityServices.asp

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter for Transportation

Decision rationale: This patient presents with lower back pain, right leg pain, neck spasm, left shoulder pain, and bilateral hand pain. The treater has asked for TRANSPORTATION TO MEDICAL APPOINTMENTS. The patient has limitations to sedentary work of 70%, and is precluded from "prolonged sitting, prolonged walking, prolonged weightbearing, and should be allowed to get up and move every 35 minutes to stretch the neck and back" per 8/13/14 report. Regarding Transportation to medical visits, ODG guidelines state they are recommended when medically-necessary to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009). In this case, the patient has some work restrictions that preclude prolonged sitting, but the physical exam does not show ambulation difficulties or neurologic condition that precludes inability to drive, or use public transportation. There is no discussion regarding patient's social situation either. The requested transportation to medical appointments does not appear medically necessary. The request is not medically necessary.