

Case Number:	CM14-0183212		
Date Assigned:	11/10/2014	Date of Injury:	07/09/2012
Decision Date:	12/15/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/04/2014

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 and Rehabilitation, has a subspecialty in Spinal Cord Injury and is licensed to practice in New York. 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 injured worker is a 48-year-old male who reported an injury on 07/09/2012. The mechanism of injury was a fall. His diagnoses include status post cervical spine fusion with residual radiating pain, right shoulder sprain/strain, left shoulder sprain/strain, lumbar spine sprain/strain, and chondromalacia of the bilateral knees with internal derangement. The diagnostic studies include an x-ray of the cervical spine on 08/12/2013, which revealed postoperative changes of the anterior interbody fusion in the lower cervical spine. An MRI of the lumbar spine, performed on 02/06/2014, revealed mild scoliotic curvature of the lumbar spine and L5-S1 disc protrusion, resulting in effacement of the anterior thecal sac with no neural abutment or central canal narrowing. His surgical history includes cervical discectomy and fusion of the C6-7. On 10/15/2014, he rated his pain 7/10 upper back and 8/10 for pain in his neck, right shoulder, low back, bilateral knees, and right ankle pain. The objective findings revealed tenderness to palpation of the cervical paraspinals as well as trapezius muscles with diffuse pain in the bilateral upper extremities and decreased range of motion in the bilateral shoulders. Additionally, there was bilateral paravertebral muscle spasm with decreased range of motion in the lumbar spine as well as a positive right straight leg raise. A quality medical examination, performed on 10/15/2014, noted the injured worker was videotaped driving his self to conduct personal errands and attend medical from 10/2013 to 03/2014. His current medications include Flexeril, Prilosec, Norco, and Motrin. The treatment plan was noted to include obtaining an MRI of the cervical and thoracic spine rule out stenosis, and orthopedic evaluation of the cervical and lumbar spine. Additionally, the treatment plan also noted the injured worker might need transportation to an appointment in [REDACTED] or [REDACTED]. A request was received for transportation to and from all medical visits. A rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from all medical visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Transportation to and from all medical visits is not medically necessary. The Official Disability Guidelines recommend medically necessary transportation to appointments in the same community for patients who are age 55 years and older, and need a nursing home level of care. The documentation did indicate the injured worker to have neck, upper back, lower back, bilateral shoulders and lower bilateral knee pain. However, the injured worker is 48 years old and there was insufficient documentation to determine if the medical appointments were within his community. Additionally, there was insufficient documentation to indicate the injured worker needing nursing home level of care. Moreover, he was noted to have been videotaped from 10/2013 to 03/2014 transporting his self to conduct personal errands and attend medical appointments. However, there was insufficient documentation to show a significant change in functional status precluding him from driving. Moreover, the request failed to quantify the number of transportation sessions and duration. Lastly, there were no exceptional factors to significantly demonstrate the necessity of transportation to and from medical appointments. Therefore, in the absence of this documentation, the request is not supported by the evidence based guidelines. As such, the request for Transportation to and from all medical visits is not medically necessary.