

Case Number:	CM14-0094537		
Date Assigned:	07/25/2014	Date of Injury:	03/27/2009
Decision Date:	09/12/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/20/2014

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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 42 year old male who reported an injury to his low back. The utilization review dated 06/12/14 resulted in a denial for transportation to and from medical appointment as insufficient information had been submitted for his inability to obtain sufficient transportation. A clinical note dated 06/20/13 indicated the injured worker complaining of low back pain that was rated 7-9/10. The injured worker utilized Lidoderm, just Lidoderm and Ondansetron. The injured worker was recommended for additional diagnostic procedures. A clinical note dated 05/23/13 indicated the injured worker ambulating with assistance of crutches.

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 office visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 91, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, knee chapter, 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 (to & from appointments).

Decision rationale: The request for transportation to and from all office visits is not medically necessary. The injured worker was able to ambulate with crutches. Additionally, the injured worker has a wife within the home setting. No information was submitted regarding inability to access either personal or public transportation in order to meet the necessary requirements for medical office visits. Without this information in place it is unclear if the patient would require transportation. Transportation to and from all office visits therefore, the request of transportation to and from all office visits is not medically necessary and appropriate.