

Case Number:	CM14-0191466		
Date Assigned:	11/25/2014	Date of Injury:	11/21/2007
Decision Date:	01/09/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/17/2014

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 Pain Management 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 is a 49 year old female with a work related injury dated 11/21/2007. The mechanism of injury was not noted in the received medical records or in the Utilization Review report. According to a progress report dated 11/13/2014, the injured worker presented with complaints of pain over the cervical spine that radiates down the left upper extremity affecting the fingers in the left hand with numbness, tingling, and weakness. She also had complaints of right sided low back pain and felt that the epidural injection received on 09/09/2014 was wearing off. It was noted that she obtained approximately eight weeks of 50% reduction of pain. Other treatments have consisted of prescribed medications. Diagnoses included chronic neck pain, left occipital neuralgia, cervicogenic headaches, right shoulder pain status post arthroscopic surgery on 07/01/2009 and subsequent redo surgery on 07/13/2011, lumbar spine sprain/strain, right lower extremity radicular symptoms, anxiety and depression secondary to chronic pain, and recurrent persistent de Quervain's disease right wrist with history of de Quervain's release bilaterally 2008. Diagnostic testing was not listed in received medical records. Work status is noted as total temporary disability. On 10/30/2014, Utilization Review had non-certified the request for non-emergency transportation citing Official Disability Guidelines Knee & Leg, Transportation. The Utilization Review physician stated that there is no documentation that the injured worker has a disability preventing them from self-transport and they are also under the age of 55, as outlined in the guidelines for transportation. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One non-emergency transport: 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 & Leg Chapter, Transportation Section

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: Department of Health Care Services-California: Non-emergency Medical Transportation http://www.dhcs.ca.gov/services/medical/Documents/ManCriteria_32_MedTrans.htm.

Decision rationale: Regarding the request for one non-emergency transport, California MTUS and ODG do not address the issue. The [REDACTED] notes that non-emergency medical transportation is appropriate when the patient's medical and physical condition is such that transport by ordinary means of private or public conveyance is medically contraindicated. Within the documentation available for review, there is no clear rationale identifying why other forms of private and/or public conveyance are contraindicated. In light of the above issues, the currently requested one non-emergency transport is not medically necessary.