

Case Number:	CM15-0117571		
Date Assigned:	06/25/2015	Date of Injury:	11/17/2011
Decision Date:	07/24/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/18/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 54 year old male who sustained an industrial injury on 11/17/11. He had complaints of lower back pain. Treatments to date include medications, physical therapy, home exercise program, acupuncture, injection therapy, and cervical collar and surgery. Evaluation dated 5/7/15 reports complaints of pain in his neck, back, and bilateral arms and knees. The intensity of the pain ranges from a 6 to 8 out 10 on the pain scale and is present 90% to 100% of the time. The pain is described as aching, throbbing, shooting, sharp, numbing, and pins and needles. Diagnoses include status post anterior cervical discectomy and bilateral neural foraminotomies with spinal cord decompression, arthrodesis, anterior instrumentation and fixation at C4-5, chronic cervicgia with bilateral upper extremity radiculopathy, decrease in range of motion, chronic pain syndrome, myelomalacia, deconditioning, and poor balance with fall risk. Plan of care includes: 80 hours of treatment in the HELP program, request for transportation to and from the injured worker's home to the HELP program-driving for long periods exacerbates and aggravates the pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to/from HELP Program (week) Qty 6: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines-pain chapter and pg 66.

Decision rationale: According to the guidelines, transportation is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. In this case, the claimant has severe back pain which is exacerbated by driving. However, the claimant was coming from a home rather than a community where other patients are residing with disabilities such as a nursing home. As a result, the request for transportation is not supported by the guidelines and is not medically necessary.