Case Number:	CM15-0121653		
Date Assigned:	07/23/2015	Date of Injury:	10/07/1996
Decision Date:	09/11/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/23/2015

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: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old male, who sustained an industrial injury on 10-7-96. The injured worker has complaints of back pain. The documentation noted that the injured worker has feelings of discouragement and depression due to his limitations and feelings of decreased self-esteem. The diagnoses have included major depressive disorder, single episode, severe without psychotic features. Treatment to date has included Wellbutrin; elavil; celexa; Xanax and sonata. The request was for unknown transportation to all appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown transportation to all appointments: 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 ODG, Knee and Leg Chapter, Transportation.

Decision rationale: The patient presents with excruciating chronic back pain and major depression. The current request is for unknown transportation to all appointments. The treating

physician report dated 5/5/15 states, "Authorization is requested for individual psychotherapy I Spanish 2x/week, group therapy I Spanish 2x/week, and psychopharmacological management 1x/month, for the next 3 months. The patient is in need of 24/7 homecare by a skilled LVN, and transportation to all appointments." The ODG guidelines state, "Recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport." In this case, the medical records provided are all from the treating psychologist. There is no description of his baseline function or activities of daily living. There is no physical exam. The recommendation for transportation appears to be on a psychological basis. This patient clearly has a chronic injury and has been on Wellbutrin, Elavil, Celexa, Xanax and Sonata. However, there is no medical documentation indicating that the patient is not able to drive, is not able to take public transportation and does not have a friend or family member to drive them to medical appointments. Additionally there is no objective findings that indicate that the patient is physically unable to drive. The patient indicates feeling of worthlessness due to not being able to help around the house or contribute to his household. Providing the patient with a driver and car will reinforce his feelings of being unable to participate in his own care. The current request is not medically necessary.