

<b>Case Number:</b>	CM15-0124374		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	03/31/2006
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 45-year-old who has filed a claim for chronic neck and low back pain with derivative complaints of psychological stress, posttraumatic stress disorder, major depressive disorder, generalized anxiety disorder, and insomnia reportedly associated with an industrial injury of March 31, 2006. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve a request for transportation to a treating provider's office for psychiatric visits. A June 11, 2015 progress note and an associated RFA form on the same date were referenced in the determination. The applicant's attorney subsequently appealed. On said RFA form of June 11, 2015, transportation to and from a provider in [REDACTED], was sought. In an associated progress note of the same date June 11, 2015, the applicant's psychologist placed the applicant off of work, on total temporary disability, from a mental health perspective. The applicant was on Prozac for ongoing issues of depression. The applicant was reportedly swimming twice a week, it was suggested. The applicant was given a diagnosis of major depressive disorder (MDD) with an associated global assessment of functioning (GAF) of 61. Difficulty sleeping, fatigue, and decreased energy level were reported. The applicant was independently ambulatory in the clinic, it was reported. No seeming rationale for the transportation was sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation to a specialist for psychiatric visits: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Transportation (to & from appointments).

**Decision rationale:** No, the request for transportation to a specialist for psychiatric office visits was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes keeping appointments. Thus, the MTUS Guideline in ACOEM Chapter 5, page 83 seemingly takes the position that making and keeping appointments and arranging transportation to and from the same are articles of applicant responsibility as opposed to articles of pay or responsibility. While ODG's Knee Chapter Transportation topic does acknowledge that transportation to and from appointments is medically necessary for transportation to and from appointments in the same community for applicants with disabilities which prevent him for self-transport, here, however, there was no mention of the applicant's having disabilities or impairments which would have prevented or precluded self-transport on either the June 11, 2015 RFA form or the associated progress note of the same date. The applicant was described as independently ambulatory at that point in time and was apparently swimming, it was suggested. It was not clearly stated, in short, why the applicant was incapable of transporting herself to and from physician office visits of her own accord. It was not clearly stated why the applicant could not transport herself to and from physician office visits using a car, cab, or public transportation. Therefore, the request was not medically necessary.