MAXIMUS Federal Services

Case Number:	CM15-0042428		
Date Assigned:	04/13/2015	Date of Injury:	12/26/2010
Decision Date:	05/11/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/06/2015

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
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 52-year-old female, who sustained an industrial injury on 12/26/2010. Diagnoses include chronic myofascial pain syndrome cervical and thoracolumbar spine moderate to severe, worsening of pain, numbness and weakness of both hands due to cervical radiculopathy versus diabetic neuropathy versus peripheral nerve entrapment versus carpal tunnel syndrome, pain and numbness of bilateral upper extremities, NSAID induced gastritis and lumbar sprain/strain. Treatment to date has included diagnostics including electrodiagnostic testing and magnetic resonance imaging (MRI), home exercises and medications. Per the Primary Treating Physician's Progress Report dated 2/06/2015, the injured worker reported worsening of pain, numbness and weakness of both hands/wrists mostly in the 1st and 2nd digits of both hands. She has decreased grip strength of both hands and has been "dropping objects with both hands." She has painful movements of both shoulders and neck pain that occurs most of the time and varies from 4-8/10 without medication. She has low back pain that occurs most of the time and varies from 4-8/10 without medication. The bottom of her left foot is numb. She has frequent pain and numbness of the left leg. She stated, "I cannot sleep due to pain." Physical examination revealed multiple myofascial trigger points and taut bands throughout the cervical spine with restricted range of motion. Neck compression test was positive. She complained of pain at the limits of motion upon all maneuvers of the bilateral shoulders. Range of motion of the shoulders was grossly normal. Bilateral wrist ranges of motion were normal and she complained of pain at the limits of motion upon all maneuvers of the wrists. Thoracic spine evaluation revealed multiple myofascial trigger points and taut bands noted throughout the thoracic and

lumbar paraspinal musculature as well as the gluteal muscles. The plan of care included electrodiagnostic testing, pain medications, pool exercise, home exercises, deep breathing type meditation, follow up care and transportation. Authorization was requested for transportation to and from [redacted] office.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from doctor's office: 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 Official disability guidelines knee & leg chapter, Transportation (to & from appointments).

Decision rationale: This patient presents with pain, numbness, and weakness of both hand/wrists. The patient has decreased grip strength of both hands, painful movements of shoulders, neck pain, lower back pain, numbness in the bottom of the left foot, and frequent pain and numbness of the left leg. The request is for transportation to and from doctor's office per 02/06/15 report. RFA is not available. The patient has been off work on total temporarily disability since the last week of December 2014 per 02/06/15 report. ODG-TWC guidelines, knee chapter online for Transportation (to & from appointments) states: "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport (CMS, 2009)." AETNA has the following guidelines on transportation: "The cost of transportation primarily for and essential to, medical care is an eligible medical expense. The request must be submitted for reimbursement and the request should document that patient cannot travel alone and requires assistance of a nurse or companion." Per 02/06/15 report, the treater noted that the patient is unable to drive due to the lower back pain. The physical exam of lumbar spine showed "multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature as well as in the gluteal muscles." The patient cannot perform heel-toe gait with both feet and has decreased grip strength and dorsiflexion. In the same report, the patient reported that "current pain and discomfort has severely impacted her general activity and ability to concentrated, and has moderately impacted her ability to interact with other people [the patient has] difficulty performing activities of daily living and routine household chores or yard work, as well as participating in recreational activities." In this case, the patient's persistent back pain and difficult to concentrate but disability preventing self-transport is not well documented. The patient has pain but no organic basis for inability to self-transport. The treater does not document that the patient's license has been pulled, and there is no explanation as to why public transportation is not possible for self-transport. The patient is not post-operative either. The request IS NOT medically necessary.