

Case Number:	CM15-0071332		
Date Assigned:	04/21/2015	Date of Injury:	09/23/2013
Decision Date:	05/20/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/14/2015

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: 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 31 year old female, who sustained an industrial/work injury on 9/23/13. She reported initial complaints of right jaw pain. The injured worker was diagnosed as having neuralgia neuritis, facial complex regional pain syndrome, and temporo-mandibular joint dysfunction. Treatment to date has included medication, diagnostics, and nerve block on 12/17/14. MRI results were reported on 9/24/14. Currently, the injured worker complains of right sided jaw and head pain with radiation into the neck that increases with jaw use, difficulty with eating, and daily nausea. Per the primary physician's progress report (PR-2) on 3/20/15, examination revealed there is evidence of weight loss with loose skin and prominence of bony structures. Mood shows anxiety and tearfulness. Current plan of care included acupuncture, massage therapy, and medications. The requested treatments include transportation to and from medical appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from medical appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services - California (www.dhcs.ca.gov/services/medi-cal), Criteria for Medical Transportation Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation labor code 4600a.

Decision rationale: Based on guidelines covered transportation is not recommended. The patient is ambulatory and there is no medical documentation in regards to the need of transportation. Based on this is not medically necessary.