

Case Number:	CM14-0004215		
Date Assigned:	02/03/2014	Date of Injury:	06/11/2001
Decision Date:	08/19/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/09/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with the date of injury of June 11, 2001. A Utilization Review was performed on December 18, 2013 and recommended non-certification of transportation to and from medical visits for 1 year. A Visit Note dated December 10, 2013 identifies subjective complaints of severe low back pain with radiation into the left lower extremity as well as numbness and tingling. Objective findings identify tenderness to palpation at the lumbosacral junction, left greater than right. Range of motion of the lumbar spine is decreased by 70% with flexion, 80% with extension, and 60% with rotation bilaterally. Motor strength is decreased with left foot dorsiflexion compared to the right lower extremity. Diagnoses identify sciatica, disorders sacrum, chronic pain NEC, lumbar disc displacement without myelopathy, long-term use meds NEC, and therapeutic drug monitor. Treatment Plan identifies request authorization for extension of the transportation for another year to help the patient get to and from her medical visits.

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 visits for 1 year: 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 Other Medical Treatment Guideline or Medical Evidence: Medicare Coverage of Ambulance, page 6 Services <https://www.medicare.gov/Pubs/pdf/11021.pdf>.

Decision rationale: Regarding the request for transportation to and from medical visits for 1 year, California MTUS and Official Disability Guidelines do not address the issue. The California Department of Health Care Services notes that nonemergency medical transportation when the patient's medical and physical condition is such that transport by ordinary means of private or public conveyance is medically contraindicated. Within the documentation available for review, there is no clear rationale identifying why other forms of private and/or public conveyance are contraindicated. In light of the above issues, the currently requested transportation to and from medical visits for 1 year is not medically necessary.