

Case Number:	CM14-0005495		
Date Assigned:	01/24/2014	Date of Injury:	03/28/2012
Decision Date:	11/25/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/13/2014

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 Internal Medicine 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:

The injured worker (IW) is a 39-year-old man with a date of injury of March 28, 2012. In the course of his employment, he sustained injuries to his neck, lower back, and right leg. He was sent alone to do a job where normally 2 to 3 people are sent for the job. He had to move furniture that was very heavy. While pulling the furniture, he felt a sharp pain in his low and upper back. His legs got weak and he fell. He got up slowly, trying to straighten up, but had to hunch over because of the pain in his back. He was unable to continue working. The IW has had more than 20 physical therapy sessions and transcutaneous electrical nerve stimulation treatments from March 30, 2012 to approximately August 2012, which provided no relief. The MRI of the lumbar spine dated September 7, 2012 revealed 3-4 mm right paracentral disc protrusion at L5-S1 and a 2 mm central disc bulge at L4-L5. He had 8 sessions of acupuncture therapy from October 2012 to November 2012 with no relief. He then had conservative treatment consisting of pain management with Terocin patches, as all oral analgesics have resulted in nausea, constipation and dizziness in the past. He has an unsuccessful trial of a lumbar epidural steroid injection. He was seen by a psychiatrist and was diagnosed with anxiety and depression. He had 6 sessions of cognitive behavioral therapy. Pursuant to a December 11, 2013 progress notes, the IW currently has complaints of neck, mid back, and low back pain with radiation to the right leg. The pain is associated with numbness, tingling and weakness in the right leg. The pain is rated 7/10. The pain is described as throbbing and pressure like in the lower back and shooting towards the right leg. The pain is alleviated with lying down and relaxing with heat. Medications did help, but have been suspended because of secondary effects of the medication. The IW avoids most physical activity because of the pain. He has significant limitations with ADLs and self-care activities. He struggles with bending as a result and has difficulty putting on his shoes and socks. He requires the assistance of his wife and other family members for bathing and putting on his

clothes. He currently lives with his wife and relatives. Diagnoses include lumbar radiculopathy, chronic pain syndrome, and functional decline. Current medications include: Terocin topical patches, and Effexor 75mg QD. Recommendations include participation in a functional restorative program (FRP).

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSPORTATION PROGRAM (FOR FUNCTIONAL RESTORATION PROGRAM 10 DAYS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter: Chronic Pain Programs (Functional Restoration Programs) Aetna Clinical Policy Bulletin Number 0218; Home Health Aides Policy

Decision rationale: Pursuant to the Official Disability Guidelines and Aetna Clinical Policy Bulletin Number 0218, transportation program (for functional restoration program, 10 days) is not medically necessary. The Official Disability Guidelines enumerated criteria for general use of multidisciplinary pain management programs. It did not specifically address transportation. Number 12 states total treatment duration should not generally exceed four weeks or the equivalent in part day sessions is required by work, transportation or comorbidities. Clinical Policy Bulletin Number 0218: Subject- Home Health Aides Policy states: a home health aide is a provider who assists a member with non-skilled care to meet activities of daily living, thereby maintaining the individual in his or her heart home environment. Generally The Following Services Are Considered Not Medically Necessary: Transportation. In this case, the injured worker has a diagnosis of lumbar radiculopathy, chronic pain and functional decline. He has undergone extensive treatment including medications, therapy, chiropractic care, epidural injections and activity modification. He was evaluated by a multidisciplinary functional restoration program team on December 11, 2013. All guideline criteria were discussed and met. The submitted reports do not document details that suggests the patient is incapable of driving nor is there documentation to suggest the injured worker does not have resources to assist him with getting to medical appointments and meeting other transportation needs. The guidelines state the treatment duration is not affected by transportation. The Aetna Clinical Policy states transportation is not considered medically necessary. Additionally, there is an inpatient program for more severely disabled and intensive programs. This was not addressed in the record. Consequently, transportation is not medically necessary. If the functional restoration program is too far from the inured worker's home, then the payer should find a program that is closer to the injured worker. Transportation (10 days) to the functional restoration program is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the request for the Transportation to the Functional Restoration Program is not medically necessary.

