

Case Number:	CM14-0009666		
Date Assigned:	02/14/2014	Date of Injury:	10/27/2010
Decision Date:	07/24/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/24/2014

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 Occupational 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 patient is a 41-year-old male who has submitted a claim for cervical radiculitis, lumbar facet arthropathy, lumbar radiculopathy, chronic pain, and history of left hamstring partial rupture associated with an industrial injury date of October 27, 2010. Medical records from 2012-2014 were reviewed. The patient complained of persistent low back pain, grade 6/10 in severity. The pain was described as moderate and achy. It radiates to the right lower extremities. There was difficulty getting up from a sitting or stooping position. Physical examination showed tenderness in the spinal vertebral L4-S1 level. There was moderately limited range of motion of the lumbar spine due to pain. Motor strength and sensation was intact. MRI of the lumbar spine, dated September 6, 2013, revealed straightening of the lumbar lordotic curvature, disc desiccation at L3-L4 and L4-L5 with loss of disc height at L4-L5, and L3-L4 and L4-L5 focal disc herniation which causes stenosis of the spinal canal. Treatment to date has included medications, physical therapy, chiropractic therapy, acupuncture, activity modification, bilateral inguinal hernia repair, and extracorporeal shockwave treatment. Utilization review, dated January 13, 2014, denied the request for transportation to and from medical visits qty: 19 because there was no current documentation indicating that the patient was in a wheelchair or was unable to transport himself.

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 QUANTITY 19.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC) Guidelines Web; Knee and Leg, back (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Knee & Leg, Transportation (To and From Appointments).

Decision rationale: CA MTUS does not specifically address transportation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that transportation is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. In this case, according to an authorization request dated January 8, 2014, the request was made because that patient is unable to sit for prolonged periods of time without changing positions and it would be difficult to operate a motor vehicle safely without the ability to adjust positions at liberty. However, recent progress reports did not document such difficulty by the patient. There was no mention regarding the patient's ambulation status as well as her ability to utilize her lower extremities. There was no documentation of any disability that the patient may have for transportation services to be necessary. The medical necessity has not been established. Therefore, the request for TRANSPORTATION TO AND FROM MEDICAL VISITS QTY 19.00 is not medically necessary.