MAXIMUS Federal Services

Case Number:	CM14-0127433		
Date Assigned:	08/15/2014	Date of Injury:	01/04/2011
Decision Date:	09/15/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/12/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 54-year-old female was reportedly injured on January 4, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 8, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated ambulation with an antalgic gait and diffuse tenderness over the lumbar spine. There was a negative straight leg raise test and a positive Kemp's test bilaterally. Decreased sensation was noted in the bilateral L4 dermatomes and there was 4/5 strength with right knee extension and hip flexion Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes lumbar epidural steroid injections. A request had been made for a travel voucher and transportation within a five-mile radius of the house to office visits. And was not certified in the pre-authorization process on August 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Travel voucher and transportation within a five-mile radius of the house to office visits or within five-mile radius: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Chapter: Knee; Transportation (to and from appointments).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Transportation, Updated August 25, 2014.

Decision rationale: According to the Official Disability Guidelines transportation to and from appointments is recommended for medically necessary transportation in the same community for patients with disabilities preventing them from self transport. According to the progress note dated July 18, 2014, although the injured employee complains of low back pain her disability is not preventing her from self transport and taking the bus. Considering this, the request for travel voucher and transportation within a five-mile radius of the house to office visits is not medically necessary.