

Case Number:	CM14-0127911		
Date Assigned:	08/15/2014	Date of Injury:	07/01/2010
Decision Date:	11/06/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/11/2014

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 Anesthesiology, has a subspecialty in Pain 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 is a 50 year old male with date of injury 7/1/10 with related back pain. Per progress report dated 7/15/14, the injured worker reported pain down the right leg and low back pain with radiation to the right buttock. Pain was rated 4/10 with medications and 8-9/10 without medications. Treatment to date has included injections, physical therapy, and medication management. Repeat right L5-S1 transforaminal epidural steroid injection under fluoroscopy was certified 7/25/14. The date of UR decision was 7/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Procedure Summary, Transportation

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

Decision rationale: The MTUS is silent on the use of transportation services in the management of injuries or to and from procedures. Per the Official Disability Guidelines, transportation is

"Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009)". The documentation does not detail the injured worker's disability that prevents him from self-transport, public transportation or access to family members who can provide transportation. The request is not medically necessary.