

Case Number:	CM14-0182046		
Date Assigned:	11/06/2014	Date of Injury:	07/21/2011
Decision Date:	12/11/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/03/2014

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 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:

This is a patient of the date of injury of January 21, 2011. A utilization review determination dated October 9, 2014 recommends non-certification for transportation to and from a functional restoration program. Non-certification for transportation is recommended since the patient "may be expected to travel via alternate family/friends/community resources." A progress report dated July 8, 2014, identifies subjective complaints of low back pain which radiates to the right lower extremity. The patient also has right lower extremity weakness and numbness. Physical examination findings revealed decreased sensation to light touch on the right L5-S1 dermatomal distribution. There is also restricted range of motion in the lumbar spine and reduced strength in the right lower extremity. Diagnoses included lumbar radiculopathy, lumbar inter-vertebral disc displacement, and cervical enter vertebral disc degeneration. The treatment plan recommends that the patient increase walking distance, continues a home exercise program, and improved sleep hygiene. Acupuncture is also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to/from Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 31,2.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services-California, Nonemergency Medical Transportation. http://www.dhcs.ca.gov/services/medical/Documents/ManCriteria_32_MedTrans.htm

Decision rationale: Regarding the request for transportation, California MTUS and Official Disability Guidelines (ODG) does not address the issue. The California Department of Health Care Services notes that nonemergency medical transportation is appropriate 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 is not medically necessary.