

<b>Case Number:</b>	CM14-0020106		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	04/27/1996
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 77 year-old female who sustained an injury to her low back on 04/27/96. The mechanism of injury was not documented. The injured worker was diagnosed with herniated nucleus pulposus with radiculitis 3-4 mm at L3-4 and 6-7 mm at L4-5. The injured worker continues to complain of increased pain about the lower back region with pain, numbness and tingling radiating into the into the left foot. The injured worker reported that the left lower extremity radicular pain symptoms prevent her from getting a good nights sleep. The injured worker is currently not working at the time the patient presented to the clinic on a motorized scooter. Transportation to and from doctor's appointments and physical therapy and mri of the lumbar spine has been requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSPORTATION TO AND FROM DOCTOR'S APPOINTMENTS AND PHYSICAL THERAPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Low Back Chapter, Office Visits.

**Decision rationale:** The request for transportation to and from doctor's appointments and physical therapy is not medically necessary. It was reported that the injured worker has been essentially become completely dependent on the motorized scooter to get around and the scooter lift on the back of her vehicle is no longer functional due to disrepair. In this case, it is noted that the injured worker is entirely dependent on the scooter for ambulation due to the lift on the back of her vehicle not being functional, preventing the injured worker from transporting to and from appointments. There is no indication that this injured worker is unable to utilize other methods, including utilizing public transportation to access any necessary services and it was unclear if repair has been attempted on the injured worker's vehicle. Given the clinical documentation submitted for review, medical necessity of the request for transportation to and from doctor's appointments is not medically necessary and appropriate.

**MRI OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Low Back Chapter, Mris (Magnetic Resonance Imaging).

**Decision rationale:** There was no report of a new acute injury or exacerbation of previous symptoms since the previous MRI study. There was no mention that a surgical intervention is anticipated. There was no report of decreased motor strength, increased sensory or reflex deficits. There were no additional 'red flags' identified. Therefore, given the clinical documentation submitted for review, the request for MRI of the lumbar spine is not medically necessary.