

Case Number:	CM14-0026426		
Date Assigned:	06/13/2014	Date of Injury:	05/24/2010
Decision Date:	07/16/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/03/2014

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 & Rehabilitation 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 patient sustained an injury on 5/24/10 while employed by [REDACTED]. Request under consideration include transportation to and from physician. Diagnoses include thoracic/ lumbosacral neuritis/ radiculitis without myelopathy. Report of 1/3/14 and 2/7/14 from the provider noted patient with constant right buttock moderate pain/ symptoms of right lower extremity radic with numbness and tingling; right hip burning pain; no able to sit for prolonged periods of time and needs to change position frequently. Exam noted ambulates with limp and pain controlled somewhat. Exam had checked box for "no change" and "no treatment since last visit." Diagnoses included low back pain- multilevel disc protrusions; right lower extremity radic s/p piriformis release. Request included transportation. Request for transportation to and from physician was non-certified on 2/24/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSPORTATION TO AND FROM PHYSICIAN: 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), Knee & Leg (updated 01/20/14), Transportation (to & 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) Transportation, page 354.

Decision rationale: This patient sustained an injury on 5/24/10 while employed by [REDACTED]. Request under consideration include transportation to and from physician. Diagnoses include thoracic/ lumbosacral neuritis/ radiculitis without myelopathy. Report of 1/3/14 and 2/7/14 from the provider noted patient with constant right buttock moderate pain/ symptoms of right lower extremity radiculitis with numbness and tingling; right hip burning pain; no able to sit for prolonged periods of time and needs to change position frequently. Exam noted ambulates with limp and pain controlled somewhat. Exam had checked box for "no change" and "no treatment since last visit." Diagnoses included low back pain- multilevel disc protrusions; right lower extremity radiculopathy post piriformis release. Request included transportation. Request for transportation to and from physician was non-certified on 2/24/14 citing guidelines criteria and lack of medical necessity. ACOEM, MTUS do not address transportation to and from physical therapy appointment; however, ODG does recommend medically-necessary transportation to appointments for patients with disabilities preventing them from self-transport. Per review, there appears to be no medical reason why the patient would not be able to drive or take public transportation. Submitted reports have not demonstrated adequate support for treatment request and do not provide supporting medical reasoning indicating why the patient cannot drive or use public transportation. There was no documentation regarding how far the patient needed to travel or how long the patient needed to sit to wait for her office appointments nor do reports address other options that have been exhausted or comorbidities preventing patient to travel by alternative means. Therefore, the request for transportation to and from physician is not medically necessary and appropriate.