MAXIMUS Federal Services

Case Number:	CM14-0030085		
Date Assigned:	06/20/2014	Date of Injury:	06/06/2012
Decision Date:	07/17/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/10/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 56-year-old female who was injured on 6/6/12. She was diagnosed with chronic spinal pain, likely disc annular disruption syndrome, neuropathis dysasthesias, and degenerative disc disease lumbar spine. She was treated with oral analgesic medications, topical analgesics, and muscle relaxants, and epidural steroid injections which helped her to become more mobile and experience less pain (especially due to the epidural steroid injections) as reported in the notes provided for review. On 2/6/14, the injured worker was seen by her treating physician complaining of her usual low back pain, with a pain level rated at a 7-8/10 and involved both her legs as well with a new complaint of upper back pain. Physical examination revealed tenderness in lumbar area, positive FABER maneuver, positive pelvic thrust left, pain with valsalva, positive Fainslen's maneuver, decreased range of motion of her right shoulder, and decreased L5 dermatome light touch sensation on the left, but with no muscle strength deficiencies. It was recommended that she get trigger point injections and get transportation to all doctor's appointments, but no specific reason for the help with transportation was stated in the note provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSPORTATION TO AND FROM ALL WORKERS COMP (W/C) DOCTOR APPOINTMENTS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Knee and Leg procedure summary (last updates 01/09/2013).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee section, Transportation (to and from appointments).

Decision rationale: The MTUS is silent on whether or not transportation is necessary or not for low back or knee pain or injuries. The Official Disability Guidelines (ODG) states that for knee injuries, transportation to and from appointments if it is medically necessary, and if the patient was a disability that specifically prevents them from self-transporting themselves to their appointments. In the case of this worker, there is not sufficient evidence to consider her disabled sufficiently to not be able to self-transport and no explanation or argument for this request for transportation was found in the documents provided. Without sufficient evidence, the request for transportation to and from W/C appointments is not medically necessary.