

Case Number:	CM14-0030530		
Date Assigned:	06/20/2014	Date of Injury:	02/07/2012
Decision Date:	07/24/2014	UR Denial Date:	02/11/2014
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 Occupational Medicine 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 44-year old male, who sustained an injury to his low back on 02/07/12 while removing damaged merchandise from a pallet. He experienced immediate pain in his groin, low back, and left lower extremity. The patient was sent to the clinic where plain radiographs of the abdomen were obtained and the injured worker was prescribed pain medication. The injured worker continued to complain of burning, radicular low back pain and muscle spasms at 8/10 Visual Analogue Scale (VAS). He described the pain as constant, moderate to severe radiating into the left testicle associated with numbness and tingling sensation. It was reported that, the patient had one epidural steroid injection with little benefit. Physical examination noted able to heel toe walk; squat to 7% of normal; tenderness to palpation in Bilateral Posterior Superior Iliac Spine (PSISSs) and bilateral lower paraspinal muscles with associated hypertonicity; midline pain over spinous processes of L2 through L5 range of motion active 25 degrees flexion, extension 15 degrees, left lateral flexion 5 degrees, right lateral flexion 10 degrees leg raise positive left at 30 degrees, right at 50; sensory slightly diminished over L2 through S1 dermatomes in the left lower extremity; motor strength slightly decreased secondary to pain and reflexes 2+ throughout bilateral lower extremities. The patient was diagnosed with low back pain, lumbar disc displacement and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation Services: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 chapter, Transportation (to & from appointments).

Decision rationale: The frequency and duration was not specified in the request. Previous request was denied on basis that the appeal letter of justification stated that the injured worker is currently unable to drive or ride public transportation, therefore, he should continue to use whatever transportation he is currently utilizing to facilitate his multiple medical appointments that he has managed to attend to date. The Official Disability Guidelines state that transportation to and from appointments is a recommended and medically necessary for appointments in the same community for patients with disabilities preventing them from self-transport. There were no significant comorbidities identified in the clinical documentation submitted for review that would indicate that the injured worker is unable to utilize the methods previously used to get him to his medical appointments. So, the request for transportation services is not medically necessary.