

Case Number:	CM14-0031559		
Date Assigned:	06/20/2014	Date of Injury:	10/02/2007
Decision Date:	07/18/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/12/2014

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 55 year old female whose date of injury is 10/02/2007. She was pulling a sticker off a client when the client pulled her down and injured her lower back. Treatment to date includes physical therapy, epidural steroid injections, electrical stimulation and medication management. Electrodiagnostic studies (EMG/NCV) dated 04/21/09 is a normal study. Note dated 02/06/14 indicates that chief complaint is low back pain. Diagnostic impressions are lumbar spine sprain/strain, MRI findings of disc protrusions at L4-5 and L5-S1, and axial lower back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from home and facility: 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).

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: Based on the clinical information provided, the request for transportation to and from home and facility is not recommended as medically necessary. The Official Disability

Guidelines note that transportation is recommended for patients with disabilities preventing them from self-transport. The submitted records fail to provide a current, detailed physical examination, and there is no indication that the injured worker presents with a disability that prevents her from self-transport.