

<b>Case Number:</b>	CM14-0038853		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/13/2004
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 54-year-old female with a 2/13/04 date of injury. At the time (3/18/14) of the request for authorization for transportation and Orthopaedic Specialist Evaluation, there is documentation of subjective (neck and low back pain, neck pain radiates into both upper extremities, persistent bilateral hand pain that radiates into the forearm right greater than left, complains of weakness, burning, shooting and electrical pain in both lower extremities) and objective (bilateral cervical paraspinous tenderness with 1+ palpable muscle spasm, tenderness over the palm and proximal forearm of both upper extremities, limited lumbar spine range of motion in all directions, marked weakness in both lower extremities, and hypesthesia in the left L5 and S1 dermatomes) findings, current diagnoses (lumbar spine sprain/strain post prior L4-L5 and L5-S1 discectomy in March 1998 and repeat surgery at L4-L5 and L5-S1 with decompression and posterolateral instrumented fusion from L4 through the sacrum on 1/20/05, cervical spine sprain/strain without evidence of cervical radiculopathy, bilateral carpal tunnel syndrome status post carpal tunnel release on the left in 2007 and on the right in 2009, history of anxiety and depression, bowel and bladder complaints status post evaluation by Urology, and elevated liver function testing), and treatment to date (medication). Regarding transportation, there is no documentation of disabilities preventing patients from self-transport. Regarding orthopaedic specialist evaluation, there is no documentation identifying how the requested orthopaedic specialist evaluation will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation:** 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 Official Disability Guidelines (ODG) Knee & Leg, Transportation

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation of disabilities preventing patients from self-transport as criteria necessary to support the medical necessity of Transportation. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain/strain post prior L4-L5 and L5-S1 discectomy in March 1998 and repeat surgery at L4-L5 and L5-S1 with decompression and posterolateral instrumented fusion from L4 through the sacrum on 1/20/05, cervical spine sprain/strain without evidence of cervical radiculopathy, bilateral carpal tunnel syndrome status post carpal tunnel release on the left in 2007 and on the right in 2009, history of anxiety and depression, bowel and bladder complaints status post evaluation by Urology, and elevated liver function testing. However, there is no documentation of disabilities preventing patients from self-transport. Therefore, based on guidelines and a review of the evidence, the request for transportation is not medically necessary

**Orthopaedic specialist evaluation:** 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 Independent Medical Examinations and Consultations, page(s) 127.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain/strain post prior L4-L5 and L5-S1 discectomy in March 1998 and repeat surgery at L4-L5 and L5-S1 with decompression and posterolateral instrumented fusion from L4 through the sacrum on 1/20/05, cervical spine sprain/strain without evidence of cervical radiculopathy, bilateral carpal tunnel syndrome status post carpal tunnel release on the left in 2007 and on the right in 2009, history of anxiety and depression, bowel and bladder complaints status post evaluation by Urology, and elevated liver function testing. However, there is no documentation identifying how the requested orthopaedic specialist evaluation will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent

residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for orthopaedic specialist evaluation is not medically necessary.