

Case Number:	CM14-0199425		
Date Assigned:	12/09/2014	Date of Injury:	08/17/2012
Decision Date:	01/23/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/28/2014

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, has a subspecialty in Pain Medicine & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of work injury occurring on 08/17/12 when she was lifting a 45 pounds trash bag and twisted, had back pain, and then fell. Treatments included physical therapy. She had gastric upset with anti-inflammatory medication. An MRI is referenced as having shown an L5-S1 annular tear and foraminal stenosis. She was seen on 11/18/14. She had been diagnosed with major depressive disorder. She was having radiating back pain, shoulder pain, and tingling in her legs. Medications were Naprosyn, Vicodin, and Prilosec. The assessment references the claimant as walking her daughter to school every morning and being able to perform light housework. She was independent in activities of daily living. Physical examination findings included the presence of pain behaviors. There was severely limited lumbar spine range of motion. She had breakaway weakness in the lower extremities. There was thoracolumbar paraspinal muscle spasm and guarding with pain reported at 10/10 with minimal palpation. There is reference to possible participation in a functional restoration program as well as the claimant's severe depression and decreased activity tolerance. Recommendations included a multidisciplinary evaluation to determine whether she would be appropriate for participation in the program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Round trip transportation for a consultation (this is a functional restoration program (FRP) 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 Official Disability Guidelines (ODG) Pain (Chronic), Home Health Services.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic radiating low back pain. She has severe depression and may not be appropriate for a functional restoration program. Providing home based services is recommended only for patients who are homebound. In this case, the claimant is able to walk her daughter to school daily, perform light housework, is independent in activities of daily living, and attends outpatient clinic appointments. The requested round trip transportation was not medically necessary.