

Case Number:	CM14-0200842		
Date Assigned:	12/11/2014	Date of Injury:	08/31/2002
Decision Date:	01/29/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/01/2014

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 Interventional Spine 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:

The patient is a 58 year old female with an injury date of 08/31/02. Per physician's progress report dated 09/24/14, the patient complains of increased low back pain and bilateral leg pain that worsen with prolonged sitting or standing. Physical examination of the lumbar spine reveals muscle spasm and guarding along with a restricted range of motion. Straight leg raise is positive bilaterally in sitting and supine position. The patient's gait is antalgic. The patient's disability has been determined as permanent and stationary, as per progress report dated 09/24/14. X-ray of the Lumbar Spine, 09/24/14: L3-4 Grade I spondylolisthesis with instability on flexion/extension views. Diagnoses, 09/24/14:- Status post right carpal tunnel release- Left carpal tunnel syndrome- Status post anterior cervical fusion at C5-6- Slight degenerative disc disease with loss of cervical lordosis at C3-4 and C4-5- Right knee sprain- Status post repair rotator cuff tendon right shoulder- Status post anterior posterior spina fusion L4-5 and L5-S1- Grade I L3-4 spondylolisthesis. The provider is requesting for TRANSPORTATION TO MRI APPOINTMENT. The utilization review determination being challenged is dated 11/14/14. Two treatment reports dated 09/24/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to MRI appointment: 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), Knee & Leg, Back (Acute and Chronic) updated 07/19/2012

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 chapter, Transportation, and on Other Medical Treatment Guideline or Medical Evidence: AETNA Guidelines on Transportation.

Decision rationale: The patient presents with increased low back pain and bilateral leg pain that worsen with prolonged sitting or standing, as per progress report dated 09/24/14. The request is for transportation to MRI appointment. ODG-TWC guidelines, Chapter 'Knee & Leg' and Title 'Transportation (to & from appointments)', recommend transportation "for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009) Note: This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care. Transportation in other cases should be agreed upon by the payer, provider and patient, as there is limited scientific evidence to direct practice." AETNA has the following guidelines on transportation: Per AETNA guidelines, "The cost of transportation primarily for, and essential to, medical care is an eligible medical expense. The request must be submitted for reimbursement and the request should document that patient cannot travel alone and requires assistance of a nurse or companion." In this case, the intake sheet and the UR letter state that the requests for transportation to the MRI appointment while the request for authorization form states that the request is for transportation to doctor's visit. Only one progress report has been provided for review. In the report, the provider does not discuss the need for this request. While the patient suffers from severe pain, there is no indication that she requires nursing home level care. There is no documentation of disabilities that prevent the patient from self-transport by driving or public transportation. This request is not medically necessary.