

Case Number:	CM14-0209867		
Date Assigned:	12/22/2014	Date of Injury:	10/01/2008
Decision Date:	03/30/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64-year-old female who reported an injury on 10/01/2008. The mechanism of injury was noted as sitting and opening a file cabinet drawer. Her diagnosis was noted as lumbago and lumbar disc displacement without myelopathy. Her past treatments were noted to include physical therapy, epidural steroid injection, medication, and activity modification. Her diagnostic studies were noted to include an MRI of the lumbar spine, performed on 10/01/2014, which was noted to reveal a 4 mm anterolisthesis at L4-5, with severe spinal stenosis with mild bilateral neural foraminal narrowing. Her surgical history was noted to include an L4-5 decompression and fusion, dated 01/21/2014. During the assessment on 11/10/2014, the injured worker complained of low back pain, with pain that radiated to the buttocks, posterior hamstrings, calves, and feet. The injured worker rated the low back pain at 8/10, and indicated that the pain level increased with bending, prolonged sitting, and prolonged standing. There were also complaints of numbness and tingling in the left leg and foot with upper back pain that radiated to the bilateral shoulder blades. The physical examination revealed muscle spasms were palpable next to the spinous process, with the injured worker relaxed, lying prone. Flexion and extension was limited due to pain in the lumbosacral region. Her medications were noted to include naproxen 50 mg, Percocet, hydrochlorothiazide, and atenolol. The treatment plan and rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from dr's appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and leg chapter Department of Health Care Services- Californiawww.dhcs.ca.gov/services/medical/documents/mancriteria_32_medtrans.htmcriteria

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 (to & from appointments).

Decision rationale: The request for transportation to and from doctor's appointments is not medically necessary. The Official Disability Guidelines recommend transportation to and from appointments medically necessary for patients with disabilities preventing them from self transport. The clinical documentation did not indicate that the injured worker was unable to self transport herself to and from doctor's appointments. Additionally, the rationale for the request was not provided. Given the above, the request is not medically necessary.

Physical therapy 4 weeks after surgery (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for physical therapy 4 weeks after surgery (unspecified) is not medically necessary. The clinical documentation submitted for review did not indicate that the injured worker was to undergo surgical intervention. The type of surgery and the part of the body the surgery was going to be performed on was not provided, making it difficult to cite the appropriate guideline information. Given the above, the request is not medically necessary.