

<b>Case Number:</b>	CM15-0018729		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	03/07/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Texas, Florida  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 male, who sustained an industrial injury on a continuous trauma basis from 1980 to 3/7/11. He reported low back pain and headaches. The 12/3/2014 CT of the lumbar spine showed L2-3 disc bulge with bilateral neural foraminal stenosis, right lateral intraforaminal disc protrusion with disc bulge and mild intervertebral disc space narrowing, retro-spondylolisthesis at L3-4 with bilateral lateral recess stenosis, disc bulge and bilateral facet hypertrophy, L4-5 interbody fusion, posterior laminectomy and facetectomy with right neural foraminal stenosis and borderline compression of the exiting right L4 nerve root, L5-S1 interbody fusion, bilateral laminectomy of L5, right facetectomy, ventral spondylolisthesis of L5, bilateral neural foraminal stenosis, compression of the L5 nerve root due to spondylolisthesis and posterior osteophyte. Treatment to date has included physical therapy and medications management. Currently, the injured worker complains of low back pain with episodes of radiation along the right side with weakness and headaches. The treatment plan included a trial with a spinal cord stimulator which required multiple office visits. The treating physician requested authorization for continued transportation to and from all medical appointments. There are additional diagnosis of depression, anxiety, stress, mood swings and insomnia. The 2/4/2015 UDS was inconsistent with the presence of THC in addition to hydrocodone. The records indicate that the IW discontinued use of ambulatory assist Cane early in 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued transportation to and from all medical appointments:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Knee and Leg.

**Decision rationale:** The CA MTUS did not address the use of Medical Transportation in chronic pain patients. The ODG guidelines recommend that Medical Transportation can be utilized if the work related injury prevents the patient from self-transportation in standard private or public vehicles. The current records did not indicate that the patient is utilizing any mobility assist devices for ambulation. The use of standard Cane to assist in mobilization was discontinued in early 2014. A 4 months utilization of Medical transportation was not extended. There are no subjective or objective findings supporting incapacitation or inability to self transport to Medical Appointments. The criteria for continued Medical Transportation to and from appointments was not met. Therefore, the requested treatment is not medically necessary.