

Case Number:	CM15-0164825		
Date Assigned:	09/02/2015	Date of Injury:	02/02/2002
Decision Date:	10/05/2015	UR Denial Date:	07/25/2015
Priority:	Standard	Application Received:	08/21/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 74 year old female, who sustained an industrial injury on 02-02-2002. On provider visit dated 07-09-2015 the injured worker has reported bilateral radicular pain. On examination the left sided lumbar paraspinous was noted to have tenderness with 2+ palpable muscle spasms and range of motion was decreased. Straight leg raise was on the left was noted. The diagnoses have included lumbar radiculopathy bilateral lower extremities. Treatment to date has included medication and injections. The injured worker was recommended to have Left L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance. The provider requested Transportation to and from surgery center.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from surgery center: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 4600(a).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) transportation.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that transportation to in community appointments is only indicated when the patient has a condition or disability that prevents self-transportation. The provided documentation fails to meet these criteria and therefore the request is not medically necessary.