

Case Number:	CM15-0184968		
Date Assigned:	09/25/2015	Date of Injury:	06/01/2012
Decision Date:	11/09/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/21/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 64 year old male with an injury date on 6-1-12. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lower back pain. Progress report dated 8-28-15 reports worsening persistent lower back pain with radiation of pain in the lateral aspect of the right thigh with numbness and tingling in the right thigh and calf. He has difficulty dressing and grooming himself and is unable to stand or walk for prolonged periods of time. Upon exam, he has limited lumbar range of motion due to severe pain. He has diminished sensation in his lumbar spine to his right lower extremity. MRI of the lumbar spine done in 2013 is outdated and a new one will be requested. Treatments have included: medication, physical therapy, epidural steroid injections, medial branch block, functional restorative program and lumbar surgery. Request for authorization dated 9-8-15 was made for transportation services to and from all medical appointments. Utilization review dated 9-15-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation services to and from all medical 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 (ODG), Chapter: Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee: Transportation to and from appointments.

Decision rationale: ODG states that transportation to and from appointments maybe appropriate for individuals requiring a nursing home level of care. The most recent clinical exams do not describe any muscle atrophy or evidence of significant neurologic deficit. The medical records also do not explain how the patient currently attends appointments and whether or not a driver's license is maintained. Based upon the medical records, it does not appear that this patient requires a nursing home level of medical care. This request for medical transportation is not medically necessary.