

Case Number:	CM15-0186514		
Date Assigned:	09/28/2015	Date of Injury:	06/27/2010
Decision Date:	11/06/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/22/2015

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: New Jersey
 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 47 year old female, who sustained an industrial injury on 6-27-2010. The injured worker was being treated for lumbar spine sprain and strain with multilevel disc herniation with spinal canal stenosis. On 8-11-2015, the injured worker reported ongoing constant, aching pain lumbar spine with radicular pain of the right lower extremity. The low back pain increased with all activities. Associated symptoms included tingling. Her pain was rated 5 out of 10. Per the treating physician (8-11-2015 report), there was no change in the physical exam since the last visit on 6-30-2015. The physical exam (8-11-2015) revealed the injured worker had difficulty rising from sitting, moves around stiffly and guardedly, and has an antalgic gait. Per the treating physician (8-11-2015 report), an MRI revealed a 3.3 millimeter herniated nucleus pulposus at L4-5 (lumbar 4-5) and a 4.4 millimeter herniated nucleus pulposus at L5-S1 (lumbar 5-sacral 1). Treatment has included chiropractic therapy, physical therapy, acupuncture, home exercise, work modifications, a back support, a knee brace, and medications including nutritional supplement, topical pain, proton pump inhibitor, and non-steroidal anti-inflammatory. Per the treating physician (8-11-2015 report), the injured worker was to return to modified work with restrictions that included limited kneel and-or squatting, limited standing or walking, limited climbing, and must have a 5 minute break every 60 minutes. In addition, restrictions included limited lifting, pushing, and pulling. The injured worker may wear a knee brace. On 8-13-2015, the requested treatments included transportation to and from all office visits due to the injured worker's lumbar injury and her being unable to sit for prolonged periods of time without

changing positions making it difficult to safely operate a motor vehicle. On 8-24-2015, the original utilization review non-certified a request for transportation to and from all office visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from all office visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Transportation.

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

Decision rationale: The MTUS is silent on whether or not transportation is necessary or not for chronic pain or injuries. The ODG states that for knee injuries, transportation to and from appointments may be allowed, if it is medically necessary, and if the patient has a disability that specifically prevents them from self-transporting themselves to their appointments. Based on the evidence found in the documentation provided for review, there was not enough indication for transportation to be a medical necessity as the worker clearly had been able to attend previous appointments over the years and no recent change suggested this was any different. Without more clear evidence to support the medical necessity of this request, it will be regarded as medically unnecessary.