

Case Number:	CM15-0187450		
Date Assigned:	09/29/2015	Date of Injury:	03/27/2009
Decision Date:	11/10/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/23/2015

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: Arizona, California

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 55-year-old male, who sustained an industrial injury on 3-27-09. The documentation on 8-13-15 noted that the injured worker reported improved back pain and improved tingling and pain in his lower extremities. The lumbar range of motion is reduced 30 percent. The diagnoses have included failed back surgery syndrome; post lumbar decompression and fusion of 5-2-13; post lumbar microdiscectomy on 3-14-11; spinal cord stimulator with paddle leads and lumbar disc protrusion. Treatment to date has included spinal cord stimulation; gabapentin; amitriptyline; lumbar decompression and fusion on 5-2-13; generator paddle leads on 8-22-14; lumbar support brace and walker for ambulation. The original utilization review (8-25-15) non-certified the request for transportation for doctors visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation for Doctors Visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Independent Medical Examination and Consultations, Page # 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg 66.

Decision rationale: According to the guidelines, transportation is recommended for medical needs for patient with disabilities in a group setting in the same community. In this case, the claimant requires his wife to transport the claimant and has difficulty due to her work schedule. The claimant is ambulatory but drinks excessively due to pain so it would not be safe for him to transport himself. Although, the claimant is not in a community setting, the request for transportation is appropriate and medically necessary.