

Case Number:	CM15-0187730		
Date Assigned:	09/29/2015	Date of Injury:	01/13/2012
Decision Date:	11/09/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/24/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, 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:

The injured worker is a 47-year-old male, who sustained an industrial injury on 1-13-2012. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago. On 8-26-2015, the injured worker reported back pain radiating from the low back down both legs with lower backache, having pain every day, with severe depressed mood related to his injury with his quality of life significantly diminished. The Primary Treating Physician's report dated 8-26-2015, noted the injured worker's pain level had remained unchanged since the previous visit, rating the pain with medications as 9 on a scale of 1 to 10, and 9 without medications, unchanged since 6-29-2015, with poor quality of sleep and an unchanged activity level. The injured worker reported continuing to have a high level of pain, requesting transportation to and from his appointments as his pain level made it difficult for him to drive and his medications made him groggy. The injured worker's current medications were listed as Cymbalta, Flexeril, Naproxen Sodium, and Omeprazole. The physical examination was noted to show the injured worker with an antalgic gait assisted by a cane, with restricted lumbar spine range of motion (ROM) limited by pain, positive bilateral lumbar facet loading, positive left straight leg raise, Faber test positive, and tenderness noted over the sacroiliac spine. Trigger point with radiating pain and twitch response on palpation was noted at the left lumbar paravertebral muscles, with a palpable nodule at the left lumbar area. The Physician noted the injured worker had been taken to the county hospital on 3-16-2015 for suicide risk, held overnight, with Cymbalta noted to be helping with his mood. The treatment plan was noted to include a request for transportation due to pain and sedation from the medications. The injured

worker's work status was noted to be prescribed modified duty. The request for authorization dated 9-2-2015 requested transportation to and from appointments QTY: 1. The Utilization Review (UR) dated 9-8-2015 denied the request for transportation to and from appointments QTY: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from appointments Qty 1: Upheld

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

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 - transportation.

Decision rationale: The MTUS and ODG chapters associated with low back pain/lumbago do not specifically address transportation; however, the ODG knee chapter addresses the issue. The ODG recommends medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care. The payer, provider and patient should agree upon transportation in other cases, as there is limited scientific evidence to direct practice. In this case, it appears that the patient struggles with chronic pain, but based on his age and level of disability, it is the opinion of this reviewer that while provision of transportation may be beneficial, is not medically necessary in this case.