

Case Number:	CM15-0197594		
Date Assigned:	10/13/2015	Date of Injury:	06/20/2014
Decision Date:	11/24/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/07/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 50 year old female with an industrial injury date of 06-20-2014. Medical record review indicates she is being treated for sprain and strain of lumbar region and sprain-strain of thoracic region. The treatment note dated 09-17-2015 indicated the injured worker was being treated for chronic mid and low back pain and neck pain. The treating physician documented the injured worker was not able to continue working her usual and customary work and was placed on modified duty in August 2014 until approximately December 2014 when modified duty was no longer available. The injured worker "has not been able to return to work since." The treating physician documented the injured worker was able to ambulate without a cane but "continues to have ongoing pain with difficulty with prolonged standing and walking for more than 15 minutes." "She has difficulty sitting for greater than 20-30 minutes." Her pain was rated as 8-9 out of 10. The treating physician documented the injured worker had difficulty finding a comfortable position and had sleep difficulty. The physician also noted the injured worker had been depressed and frequently tearful since her injury. In addition the treating physician also noted the injured worker had been approved for the initial 80 hours of functional restoration program. "However, she is unable to drive and lacks other means of transportation (public transit would be prohibitively complicated given her location)." "She does need transportation to and from the functional restoration program." Prior treatment included physical therapy "approximately 12 sessions but continued to have ongoing painful symptoms in the lower back." MRI (10-06-2014) report documented by the treating physician in the 09-17-2015 progress note as showing a disc bulge at lumbar 4-5 with no evidence of significant disc

herniation or disc bulge at the thoracic spine. Physical exam (09-17-2015) noted tenderness to palpation of the lower lumbar paraspinal muscles from the "approximate levels of lumbar 3 through lumbar 5. Lumbar flexion was grossly limited to 40 degrees and extension to 10 degrees. Lateral tilt to both the left and right were limited to approximately 15 degrees." She is able to ambulate without assistance and gait is grossly non-antalgic. On 09-25-2015 the request for transportation to and from NCFRP; 15 days was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from NCFRP; 15 days: 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).

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

Decision rationale: MTUS does not address transportation, so alternate guidelines were utilized. ODG states regarding transportation: "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009)" The treating physician has not provided evidence of significant functional deficits on physical exam that would prevent the patient from utilizing public transportation. In addition, the treating physician did not provide evidence that the patient does not have family members to assist or an adapted vehicle for self-transport. The treating physician does not provide enough information to satisfy guidelines. As such, the request for Transportation to and from NCFRP, 15 days is not medically necessary at this time.