

Case Number:	CM15-0210380		
Date Assigned:	10/29/2015	Date of Injury:	02/04/2009
Decision Date:	12/10/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/26/2015

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, Indiana, New
York Certification(s)/Specialty: Internal 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 65 year old female injured worker suffered an industrial injury on 2-4-2009. The diagnoses included lumbar anterior posterior fusion 6-25-2014, persistent right leg radiculopathy, right foot drop and chronic back pain. On 10-7-2015, the provider reported that she had experienced increase in neuropathic pain to the right foot with ongoing weakness. She noted that due to the weakness in the right foot she does not have confidence to operate a vehicle. She reported she had no family available to take her to and from doctor visits. She noted she had no other means of transportation and no convenient access to public transportation. The provider reported she required the use of the AFO to keep her right foot from flopping. The injured worker noted she had burning pain in the right foot and felt as though it was on fire with ongoing numbness and tingling. The provider requested physical therapy that hopefully transition to home exercise program that would build strength in the right lower extremity and will down the road not require transportation. Request for Authorization date was 10-7-2015. Utilization Review on 10-19-2015 determined non-certification for Transportation to and from doctor appointments on a monthly basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from doctor appointments on a monthly basis: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Transportation (to & from appointments).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/200_299/0218.html.

Decision rationale: Pursuant to the Aetna Clinical Policy Bulletin: Home Health Aides, transportation to and from appointments on a monthly basis is not medically necessary. The MTUS and Official Disability Guidelines do not cover transportation to and from appointments. Aetna does not consider transportation to be medically necessary. See the attached link for additional details. In this case, the injured worker's working diagnoses are status post anterior - posterior L3-L5 fusion with instrumentation; persistent right leg radiculopathy; right drop; and chronic back pain. Date of injury is February 4, 2009. Request authorization is October 26, 2015. The documentation indicates the injured worker presents for a follow-up complex pain management evaluation on October 7, 2015. The injured worker requested physical therapy for instruction on a home exercise program. Subjectively, there is increased neuropathic pain in the right foot with ongoing weakness. The injured worker claims gives the weakness in her right foot, she does not have the confidence to operate the vehicle. There is no family to take her to and from doctor appointments. The injured worker ambulates with a single point cane. Objectively, there is tenderness to palpation L3-S1. There are 1 muscle spasms with stiffness on range of motion. There is positive straight like raising. Motor assessment is unchanged. Right lower extremity dorsiflexion is 3/5 and plantar 4/5. Aetna does not consider transportation to be medically necessary. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations (i.e. transportation not medically necessary), transportation to and from appointments on a monthly basis is not medically necessary.