

Case Number:	CM15-0051481		
Date Assigned:	03/24/2015	Date of Injury:	10/02/2010
Decision Date:	05/04/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/19/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 54 year old female, who sustained an industrial injury on 10/2/2010. She reported neck and low back pain. Diagnoses have included lumbar disc displacement without myelopathy and psychogenic pain. Treatment to date has included lumbar rhizotomy and medications. According to the progress note dated 2/20/2015, the injured worker complained that her neck pain had increased over the last four days. She also continued to report constant low back pain with radiation of pain, numbness and tingling into the left leg. She stated that she had significant difficulty with transportation and wondered if there was any assistance available for transportation to her doctor appointments. Objective findings revealed that the injured worker was anxious and tearful. The lower extremities sensory, motor and range of motion examinations was reported as normal. There was a negative straight leg raising test. On 3/2/2015, lumbar spine surgery was recommended but the IW was noted to have reservation on the potential risks and benefits. The injured worker reported improvement in pain and function with her current medications. The medications listed are Gabapentin, Venlafaxine, Norflex and Butrans. Authorization was requested for transportation to doctor appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

One transportation to doctor's appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 4600(a).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Knee and Legs Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines noted that Medical Transportation can be utilized to provide transportation for Medical Treatments. It is recommended that patients with limited physical function who had difficulty with mobility can benefit with assistance with transportation. The records did not show subjective or objective findings consistent with limited physical function or ambulation. There was no limitation of the lower extremities motor and range of motion examination. The criteria for Medical Transportation for Doctor's Appointments was not met. Therefore the request is not medically necessary.