

Case Number:	CM15-0052140		
Date Assigned:	03/25/2015	Date of Injury:	03/23/2012
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This 48-year-old female sustained an industrial injury to the low back on 3/23/12. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, acupuncture, epidural steroid injections and medications. In a request for authorization dated 2/9/15, the injured worker complained of low back pain with radiation down the right leg associated with numbness and tingling. The injured worker rated her pain 3-6/10 on the visual analog scale. Physical exam was remarkable for bilateral lumbar spine paraspinal musculature tenderness to palpation noted to be most pronounced at the lumbosacral junction, positive bilateral straight leg raise and hypoesthesia in the right L5 distribution. Current diagnoses included lumbar spine sprain/strain with disc protrusion, neuroforaminal narrowing and impingement and mild acute right L5 radiculopathy. The physician noted the injured worker had obtained 60+% improvement in her back and leg pain for over two months from her initial epidural steroid injection. The treatment plan included right L5-S1 transforaminal epidural steroid injections and transportation to and from the surgery center.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from Surgery Center: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive Evidence-Based Guidelines for Interventional Techniques in the Management of Chronic Spinal Pain. Pain Physician 2009; 12:699-802.

Decision rationale: The claimant is more than one-year status post work-related injury and continues to be treated for lumbar radiculopathy. An epidural steroid injection is planned and has been authorized. In terms of restrictions after a lumbar epidural steroid injection, patients are restricted from driving following the procedure and for the remainder of the day. Therefore, if the claimant is unable to provide transportation to and from the surgery, providing transportation for him is medically necessary. Therefore, the requested transportation service is medically necessary.