

Case Number:	CM15-0055029		
Date Assigned:	05/12/2015	Date of Injury:	07/05/2003
Decision Date:	06/19/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/23/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 (IW) is a 77-year-old female who sustained an industrial injury on 07/05/2003. Diagnoses include backache NOS. Treatments to date include medications, epidural steroid injections, trigger point injections, diagnostic facet medial nerve blocks and radiofrequency ablations, spinal cord stimulator and lumbar fusion. According to the progress notes dated 2/12/15, the provider reported the IW requires medical transportation due to her age, medications and lack of a car. Her provider does not encourage public transportation as he considers her a high fall risk; she has fallen in the past, which caused one of the spinal cord stimulator leads to shift. The IW walked with a cane and had a slight left-sided favoring guarded gait. A request was made for transportation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee section, Transportation (to and from appointments).

Decision rationale: The MTUS is silent on whether or not transportation is necessary or not for chronic pain or injuries. The ODG states that for injuries, transportation to and from appointments may be allowed, if it is medically necessary, and if the patient has a disability that specifically prevents them from self-transporting themselves to their appointments. Upon review of the notes available for review, there was no indication of any medical necessity to have hired transportation. There was no indication that family or friends were not able to help the worker travel from location to location or be able to use public transportation before considering hired transportation services. Therefore, the request is not medically necessary.