

Case Number:	CM15-0233314		
Date Assigned:	12/09/2015	Date of Injury:	09/22/2003
Decision Date:	01/19/2016	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/30/2015

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:

The injured worker is a 57-year-old female, who sustained an industrial injury on September 22, 2003. The injured worker was diagnosed as having lumbar spondylosis with radiculopathy to the left lower extremity, status post lumbar 4 to 5 anteroposterior fusion in October of 2009, depression secondary to chronic pain, and deep vein thrombosis with Coumadin therapy. Treatment and diagnostic studies to date has included acupuncture, status post lumbar epidural steroid injection performed on March 03, 2015, status post lumbar left lumbar 4 to 5 and lumbar 5 to sacral 1 transforaminal epidural steroid injections performed on November 29, 2012, February 20, 2014, and October 02, 2014, above noted procedure, status post left lumbar 4 to 5 and lumbar 5 to sacral 1 epidural steroid injection performed on July 11, 2013, chiropractic therapy, physical therapy, water therapy, yoga, massage therapy, medication regimen, and use of relaxation techniques. In a progress note dated October 23, 2015 the treating physician reports an increase in pain to the left low back and the left leg along with an increase in numbness, tingling, and weakness and an increase in muscle spasms. Examination performed on October 23, 2015 was revealing for "moderate" bilateral lumbar tenderness with muscle spasms, decreased range of motion to the lumbar spine, positive straight leg raises on the left, decreased strength to the left lower extremity, and decreased sensation to the left lumbar 5 to sacral 1 dermatome. On October 23, 2015, the treating physician noted prior left lumbar epidural steroid injection to the left lumbar 4 to 5 and lumbar 5 to sacral 1 performed on March 03, 2015 that was noted to "improve" symptoms by 75 to 80% for about 5 months. The injured worker's pain level on October 23, 2015 was rated a 6 out of 10 with the use of her medication regimen and rated the

pain a 10 out of 10 without the use of her medication regimen along with noting a 40 to 50% "improvement" in function with use of her medication regimen. On October 23, 2015, the treating physician requested transportation to and from surgery center, but did not indicate the specific reason for the request for transportation. On November 04, 2015, the Utilization Review determined the request for transportation to and from surgery center to be non-certified.

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: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant has a remote history of a work injury in September 2003 when she slipped and fell with injury to the low back and right elbow. She subsequently developed left leg and groin pain. She underwent a lumbar fusion in October 2009. Treatments include epidural steroid injections with a reported 80% relief of pain for two months and then a 50% relief of pain after a two level left transforaminal epidural steroid injection procedure in March 2015. In October 2015, acupuncture treatments had not helped. She was having increased left sided low back and left lower extremity pain and was taking more medications. She was having radicular pain into the left lower extremity. Physical examination findings included lumbar tenderness with spasms. There was decreased lumbar range of motion. There was positive left straight leg raising with decreased strength and sensation and an absent left knee reflex. She was using a walker. A repeat epidural steroid injection with transportation is being requested. Transportation to and from appointments is recommended for medically necessary appointments in the same community for patients prevented from self-transport. In this case, a repeat epidural steroid injection is being requested which is medically necessary. The claimant will be restricted from driving after the procedure and requires transportation for this reason. The request is medically necessary.