

Case Number:	CM14-0124058		
Date Assigned:	09/25/2014	Date of Injury:	03/27/2009
Decision Date:	10/27/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient sustained an injury on 3/27/09 while employed by [REDACTED]. Request(s) under consideration include Transportation. Diagnoses include lumbar intervertebral disc displacement without myelopathy; sacroiliitis; thoracic/ lumbosacral neuritis/radiculitis; muscle spasm. Report of 8/5/14 from the provider noted peer review pre-certification of 7/25/14 for outpatient spinal cord stimulator permanent placement with thoracic laminotomy for paddle leads. Report of 9/2/14 from the provider noted the patient underwent spinal cord stimulator placement with 50% relief of lumbar spine and lower extremity pain; however, pain was rated at 7/10. The patient was s/p lumbar decompression and fusion on 5/2/13 with placement of SCS on 8/22/14. Exam showed no evidence of infection. The patient was continued on medications of Norco, Neurontin, and Transdermal cream. The request(s) for Transportation was non-certified on 7/15/14 and 8/14/14 citing guidelines criteria and lack of medical necessity.

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 MTUS: Clinical Policy Bulletins Number 0218 Subject: Home Health Aides Policy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Transportation, page 354

Decision rationale: This patient sustained an injury on 3/27/09 while employed by [REDACTED]. Request(s) under consideration include Transportation. Diagnoses include lumbar intervertebral disc displacement without myelopathy; sacroiliitis; thoracic/lumbosacral neuritis/ radiculitis; muscle spasm. Report of 8/5/14 from the provider noted peer review pre-certification of 7/25/14 for outpatient spinal cord stimulator permanent placement with thoracic laminotomy for paddle leads. Report of 9/2/14 from the provider noted the patient underwent spinal cord stimulator placement with 50% relief of lumbar spine and lower extremity pain; however, pain was rated at 7/10. The patient was s/p lumbar decompression and fusion on 5/2/13 with placement of SCS on 8/22/14. Exam showed no evidence of infection. The patient was continued on medications of Norco, Neurontin, and Transdermal cream. The request(s) for Transportation was non-certified. ACOEM, MTUS do not address transportation for outpatient procedure; however, ODG does recommend medically-necessary transportation to appointments for patients with disabilities preventing them from self-transport. Submitted reports have not demonstrated adequate support for treatment request and do not provide supporting medical reasoning indicating why the patient cannot drive or use public transportation. There was no documentation regarding how far the patient needed to neither travel nor do reports address other options that have been exhausted or comorbidities preventing patient to travel by alternative means. Clinical findings show no indication of limitations or specific acute change in neurological conditions to support for transportation services. The Transportation is not medically necessary and appropriate.