

Case Number:	CM14-0137488		
Date Assigned:	09/05/2014	Date of Injury:	05/03/2006
Decision Date:	10/09/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/25/2014

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 Emergency Medicine and is licensed to practice in Texas. 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:

The injured worker is a 47-year-old female who reported an injury on 05/03/2006 caused by an unspecified mechanism. The injured worker's treatment history included CT myelogram, and medications. The injured worker was evaluated on 08/14/2014 and it was documented that the injured worker was approved for a 7 day inpatient detox program. The injured worker participated in the 7 day and was then discharged with a plan of 30 days sober living. The injured worker had increased complaints of low back pain which radiated down to the right lower extremity, rated at 8/10 on the pain scale. The physical examination of the lumbar spine and lower extremities revealed the injured worker had a normal gait and had normal heel to toe swing through the gait with no evidence of a limp. There was no evidence of weakness with walking on her toes or the heels. In palpation, there was palpable tenderness over the paravertebral muscles bilaterally. Dorsalis pedis, posterior tibial pulses were present. Diagnoses included right leg chronic regional pain syndrome, status post 2007 TDA, status post laminotomy right L5-S1 in 2009, status post L5-S1 TDA right leg radiculopathy postoperatively. The Request for Authorization dated 08/14/2014 was for transportation to the [REDACTED] times 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to the [REDACTED] X 30 Days: Upheld

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

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, Transportation to & from Appointments.

Decision rationale: The request for transportation to the [REDACTED] times 30 days is not medically necessary. The Official Disability Guidelines (ODG) states transportation is only recommended for medically necessary to appointments in the same community for patients with disabilities preventing them from self-transport. As such, the request for Transportation to the [REDACTED] for 30 Days is not medically necessary and appropriate.