

<b>Case Number:</b>	CM14-0166560		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	03/06/2011
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 & 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 63 year-old patient sustained an injury on 3/8/11 while employed by [REDACTED] Request(s) under consideration include Transportation service to and from sympathetic nerve cortisone injection. Conservative care has includes medications, therapy, TENS, injections, sympathetic blocks, myofascial release, and modified activities/rest. Report of 9/26/13 from the provider noted the patient with ongoing chronic lower back and left lower extremity pain, stiffness and spasm radiating to left leg, buttock, and foot with pain in right SI joint. Exam showed lumbar spine with limited range; tenderness at SI joint and positive bilateral SLR; unable to perform left patellar reflex due to CRPS; 5-/5 motor strength at Tibialis anterior and EDB; otherwise was 5/5 throughout. Medications list Protonix, Opana, Percocet, Norco, and Orudis. Report of 5/22/14 noted the patient had recent lumbar sympathetic injections/blocks on 5/13/14 with 40-50% relief of left lower extremity. Treatment plan included medication refills and additional sympathetic injections. Report of 9/18/14 form the provider noted the patient with increased pain in left knee. Exam showed lower back tenderness and 4+/5 strength in quads and Tibialis anterior. It was reported the patient had 50% pain relief of left leg pain and decreased generalized perspiration following sympathetic injection. Treatment included additional injections and transportation. The request(s) for Transportation service to and from sympathetic nerve cortisone injection was non-certified on 9/25/14 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 service to and from sympathetic nerve cortisone injection: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services-California; [www.dhes.ca.gov/services/medi-cal](http://www.dhes.ca.gov/services/medi-cal) : Criteria for Medical Transportation R-15-98E Criteria Manual Chapter 12.1

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

**Decision rationale:** This 63 year-old patient sustained an injury on 3/8/11 while employed by [REDACTED]. Request(s) under consideration include Transportation service to and from sympathetic nerve cortisone injection. Conservative care has includes medications, therapy, TENS, injections, sympathetic blocks, myofascial release, and modified activities/rest. Report of 9/26/13 from the provider noted the patient with ongoing chronic lower back and left lower extremity pain, stiffness and spasm radiating to left leg, buttock, and foot with pain in right SI joint. Exam showed lumbar spine with limited range; tenderness at SI joint and positive bilateral SLR; unable to perform left patellar reflex due to CRPS; 5-/5 motor strength at Tibialis anterior and EDB; otherwise was 5/5 throughout. Medications list Protonix, Opana, Percocet, Norco, and Orudis. Report of 5/22/14 noted the patient had recent lumbar sympathetic injections/blocks on 5/13/14 with 40-50% relief of left lower extremity. Treatment plan included medication refills and additional sympathetic injections. Report of 9/18/14 from the provider noted the patient with increased pain in left knee. Exam showed lower back tenderness and 4+/5 strength in quads and Tibialis anterior. It was reported the patient had 50% pain relief of left leg pain and decreased generalized perspiration following sympathetic injection. Treatment included additional injections and transportation. The request(s) for Transportation service to and from sympathetic nerve cortisone injection was non-certified on 9/25/14. ACOEM, MTUS do not address transportation to and from appointments; 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 travel or how long the patient needed to stay for the appointments 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 neurological deficits preventing self-transport to support for these services. The Transportation service to and from sympathetic nerve cortisone injection is not medically necessary and appropriate.