

<b>Case Number:</b>	CM15-0011513		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	04/29/2011
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 36 year old female who sustained a work related injury on April 29, 2011, incurring a low back injury and right knee injury. Diagnoses included were right knee internal derangement, patellar chondromalacia, lumbar spine sprain, and lumbar sacral disc herniation and lumbar radiculopathy. Treatment included physical therapy, pain medication, Non-Steroidal Anti-Inflammatory Drugs and medications for neuropathy, with epidural steroid injections. She underwent a partial meniscectomy of the right knee in November, 2011. Currently, she remains symptomatic with low back pain and right knee pain. Walking aggravated her pain. She received an injection resulting in decreased pain. On January 29, 2015, a request for a service of transportation to and from the surgery center was non-certified by Utilization Review noting California Medical Treatment Utilization Schedule Guidelines.

### 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:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation knee and leg chapter on transportation

**Decision rationale:** This patient presents increased low back pain and lower extremity pain. The patient is status post LESI from 08/21/2014. The treater is requesting TRANSPORTATION. The RFA dated 01/07/2015 shows a request for transportation to and from surgery center. The patient's date of injury is from 04/29/2011, and her current work status is permanent and stationary. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the knee and leg chapter on transportation states, "Recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport." The Aetna Guidelines do support transportation services if it is essential to medical care. Evidence of medical necessity that is specifically identifies the medical condition needs to be provided. The 01/02/2015 report shows that the patient is to receive a bilateral L5-S1 transforaminal epidural steroid injection, and transportation is being requested to and from surgery center for this procedure. Though cost of transportation to doctor's appointments may be reimbursable, the treater has not documented that patient has disabilities preventing her from self-transport. The request IS NOT medically necessary.