

Case Number:	CM15-0079580		
Date Assigned:	04/30/2015	Date of Injury:	03/16/2004
Decision Date:	05/29/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/25/2015

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: Emergency Medicine

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 51 year old female sustained an industrial injury to the low back on 3/16/04. Previous treatment included magnetic resonance imaging, spinal cord stimulator, single point cane and medications. In an orthopedic re-evaluation dated 3/30/15, the injured worker complained of low back pain, rated 7/10 on the visual analog scale, with radiation to bilateral buttocks, thighs and left calf associated with numbness and tingling. Physical exam was remarkable for lumbar spine with muscle spasms, limited range of motion due to pain, left lower extremity with decreased strength and sensation, positive bilateral straight leg raise and positive left Lasegue test. Current diagnoses included lumbago, left chronic foot drop and chronic pain syndrome. The treatment plan included laboratory studies, computed tomography with intrathecal contrast, x-rays of the lumbar spine and thoracic spine, pain management specialist evaluation and treatment, left ankle foot orthosis brace and a bathroom ADA bar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation To/From Doctors' Appointments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised

2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 165-386.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Back (Acute & Chronic) (updated 07/19/12) Transportation (to & from appointments).

Decision rationale: The requested Transportation To/From Doctors' Appointments, is not medically necessary. CA MTUS 2009 ACOEM Guidelines are silent on this issue. Official Disability Guidelines, Knee & Leg, Back (Acute & Chronic) (updated 07/19/12) Transportation (to & from appointments) "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport." The injured worker has low back pain, rated 7/10 on the visual analog scale, with radiation to bilateral buttocks, thighs and left calf associated with numbness and tingling. Physical exam was remarkable for lumbar spine with muscle spasms, limited range of motion due to pain, left lower extremity with decreased strength and sensation, positive bilateral straight leg raise and positive left Lasegue test. CA MTUS 2009 ACOEM Guidelines are silent on this, but ODG Guidelines note that this service is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport, which is not currently documented. Furthermore, absent the intended duration and frequency of transportation service, the medical necessity for transportation has not been established. The criteria noted above not having been met, Transportation To/From Doctors' Appointments is not medically necessary.