

Case Number:	CM15-0093415		
Date Assigned:	05/19/2015	Date of Injury:	10/11/2000
Decision Date:	06/26/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/14/2015

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: Internal 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:

The injured worker is a 39-year-old female who sustained an industrial injury on 10/11/00 involving her low back. She had low back pain that radiated down the right leg. She had weakness and the right leg gives out causing her to fall. She had a full range of conservative care, which failed to improve her function or control her pain. On 10/27/14, she had a lumbar spinal fusion. She currently reports her back pain and radiculopathy improving since fusion surgery. Her pain level is 4-5/10. She is unable to drive due to condition and dependency on opioids. The physical exam of the lumbar spine shows moderate tenderness on palpation over the lumbar paraspinal muscle, iliocostalis and gluteus region with 40-50% range of motion in all directions with moderate muscle spasm and guarding. Medications are methadone, Soma, gabapentin, Topamax, Cymbalta and Ambien. Diagnoses include status post lumbar laminectomy (2003); status post lumbar fusion (10/27/14); lumbar radiculopathy; chronic pain syndrome with chronic lumbago; chronic opioid tolerance; reactive depression and anxiety; status post microdiscectomy (2012). The note dated 3/27/15 indicates that the injured worker is to start a course of postsurgical therapy soon. Diagnostics include lumbar spine x-rays (12/18/14) showing stable posterior instrumentation and interbody spacer without signs of loosening or failure; MRI of the lumbar spine (no date) showing degenerative disk disease at L4-5, hypertrophic facet and ligamentous changes, central and neural foraminal stenosis. In the progress note, dated 3/27/15 the treating provider's plan of care includes a request for transportation assistance so she can attend her doctor's appointments as well as therapy. The injured worker is unable to drive due to her back condition and opioid dependency.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to Medical Appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Transportation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Transportation (to & from appointments).

Decision rationale: Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines (Page 51) addresses home health services. Home health services are recommended only for medical treatment for patients who are homebound. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Official Disability Guidelines (ODG) indicates that transportation is recommended for medically necessary transportation to appointments for patients with disabilities preventing them from self-transport. This reference applies to patients with disabilities preventing them from self-transport whom need a nursing home level of care. Medical records document that lumbosacral spine surgery was performed on 10/22/14. The pain management evaluation report dated March 27, 2015 documented that the patient is status post lumbar fusion surgery. Physical examination of the lumbar spine shows healed surgical scar. The patient has moderate tenderness over the lumbar paraspinal muscle, iliocostalis and gluteus region. The patient has tenderness in the midline from L1, 2-3 to L5-S1. The patient has about 40 to 50% lumbar range of motions in all directions with moderate muscular spasm and guarding. The patient continues to have 5-/5 motor strength in all major muscle groups of her bilateral lower extremities. The patient shows no sensory deficit to light touch in her lower extremities. The patient is currently stable on the current medication regimen. The patient's postoperative pain has been well managed with the current regimen, in fact she has not been requiring as much of her medications since her condition is showing improvement. The physician will wean the medication down. A request for transportation assistance for medical appointments was made. No frequency or duration parameters on the transportation request were specified. The medical records indicate that the patient is ambulatory. The patient does not need nursing home level care. The patient is not homebound. The medical records, MTUS, or ODG guidelines do not support the request for transportation without parameters. Therefore, the request for transportation assistance for medical appointments is not medically necessary.