

Case Number:	CM15-0093419		
Date Assigned:	05/19/2015	Date of Injury:	10/11/2000
Decision Date:	06/19/2015	UR Denial Date:	05/11/2015
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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 October 11, 2000, incurring low back injuries. She was diagnosed with lumbar disc disease, and lumbar radiculopathy. Treatment included a lumbosacral laminectomy in 2003, a lumbar micro discectomy in 2012 and lumbosacral fusion in 2014, pain medications, physical therapy, bone growth stimulator, lumbar orthosis and work modifications. Currently, the injured worker complained of chronic, intermittent, moderate low back pain radiating to the right leg. She tolerates low activity tolerance, and had trouble lying flat in bed. Currently, she was diagnosed status post lumbar fusion, lumbar radiculopathy, and chronic pain syndrome with chronic lumbago, chronic opioid tolerance, depression and anxiety. The treatment plan that was requested for authorization included transportation to medical appointments.

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 Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Transportation (to & from appointments)
<http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Transportation (to & from appointments)
"Recommended for medically-necessary transportation to appointments in the same community
for patients with disabilities preventing them from self-transport. (CMS, 2009) Note: This
reference applies to patients with disabilities preventing them from self-transport who are age 55
or older and need a nursing home level of care. Transportation in other cases should be agreed
upon by the payer, provider and patient, as there is limited scientific evidence to direct practice".
In this case, there is no documentation that the patient is disabled for self-transportation.
Therefore, the request for Transportation to medical appointments is not medically necessary.