

Case Number:	CM15-0099553		
Date Assigned:	07/15/2015	Date of Injury:	07/01/2001
Decision Date:	08/10/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/26/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 70-year-old male who sustained an industrial/work injury on 7/1/01. He reported an initial complaint of low back pain. The injured worker was diagnosed as having post laminectomy syndrome, pain in joint: ankle and foot, pain in soft tissues, pain in joint upper arm, lumbago, degenerative lumbar/lumbosacral intervertebral disc, intervertebral lumbar disc with myelopathy of lumbar region, and thoracic/lumbosacral neuritis/radiculitis. Treatment to date includes medication, diagnostics, and home exercise program. Currently, the injured worker complained of chronic and severe low back pain, with increased right leg sciatic, right rib and right hip pain rated 10/10 without medication and 4/10 with medication. Per the primary physician's report (PR-2) on 4/13/15, exam noted tenderness with palpation at T2-3 at the paraspinals with limited range of motion along with tenderness with palpation at L5-S1 and positive sitting straight leg raise bilaterally, antalgic gait, decreased strength in bilateral lower extremities and right lumbar spasm. Current plan of care included medication renewal, diagnostic testing, continue home exercise program, and procedure for epidural steroid injection. The requested treatments include transportation to and from LESI (lumbar epidural steroid injection).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transportation to and from LESI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic): Transportation (to and from appointments) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) transportation.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states transportation to medical visits is only indicated when the patient has a disability for self-transport and there is no available public or private transportation to assist the patient. The review of the provided clinical documentation does not meet these criteria and the request is not medically necessary.