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| <b>Case Number:</b>   | CM13-0013741 |                              |            |
| <b>Date Assigned:</b> | 11/06/2013   | <b>Date of Injury:</b>       | 12/10/2008 |
| <b>Decision Date:</b> | 01/31/2014   | <b>UR Denial Date:</b>       | 08/06/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/19/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 35-year-old female who reported injury on 12/10/2008 with the mechanism of injury being a fall at work. The patient was noted to have severe neck and low back pain and to have had a lumbar spine surgery with a fusion/hardware placement at L4-5 and L5-S1. The patient was noted to have persistent symptoms and as a result have a spinal cord stimulator placed. The documentation indicated the patient was having difficulty finding reliable transportation to and from office visits and there was a request made for transportation to and from office visits. The patient's diagnoses were noted to include lumbar disc herniation/injury multiple levels with radiculopathy, status post lumbar spinal surgery with continued pain, myofasciitis, sacroiliitis, situational reactive depression, and cervicogenic headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation to and from office visits:** 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-TWC) Knee and Leg Procedure-Criteria for Medical Transportation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Transportation, Online Version.

**Decision rationale:** Official Disability Guidelines recommend transportation to and from appointments for medically necessary appointments in the same communities for patients with disabilities preventing them from self transport. The clinical documentation submitted for review failed to provide the patient had a disability that would prevent them from self transport. It was indicated the patient's primary treatments were noted to be medications. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for transportation to and from office visits for an unstated duration is not medically necessary.