

<b>Case Number:</b>	CM13-0058152		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/10/1989
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 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/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:

This is a female patient with a date of injury of January 10, 1989. A utilization review determination dated November 6, 2013 recommends non-certification of transportation to and from all medical appointments. A progress note dated November 20, 2013 identifies subjective complaints of neck pain with radiation into bilateral shoulders and bilateral upper extremities down to bilateral hands and fingers particularly into the fourth and fifth digits. The patient complains of numbness, tingling, shooting, and shocking sensations. The patient rates her pain at a 6 - 7 out of 10, with increased pain with holding head in a single posture for a prolonged period. The pain is improved with medications and with rest. Physical examination identifies tenderness palpation over the paravertebral musculature, it is identified that the patient is wearing a right wrist brace, grip strength is diminished bilaterally, and decreased sensation in the C 5 - C 6 dermatomes. The diagnoses listed as cervical spine radiculitis. The treatment plan recommends a cervical epidural steroid injection at the C 5 - C 6 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSPORTATION TO AND FROM ALL 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), TRANSPORTATION (TO AND FROM).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medicare Coverage of Ambulance, page 6 Services <https://www.medicare.gov/Pubs/pdf/11021.pdf>.

**Decision rationale:** Regarding the request for transportation to and from all medical appointments, California Medical Treatment Utilization Section (MTUS) and ODG do not address the issue. The California Department of Health Care Services notes that nonemergency medical transportation be provided when the patient's medical and physical condition is such that transport by ordinary means of private or public conveyance is medically contraindicated. Within the documentation available for review, there is no clear rationale identifying why other forms of private and/or public conveyance are contraindicated. In light of the above issues, the request for transportation to and from all medical appointments is not medically necessary or appropriate.