

<b>Case Number:</b>	CM14-0137435		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/21/1987
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 & Rehabilitation 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 47 year-old patient sustained a lifting injury on 8/21/1987 while employed by [REDACTED]. Request(s) under consideration include FOUR TRANSPORTATION SERVICES TO AND FROM FUNCTIONAL RESTORATION PROGRAM VISITS. The patient is s/p lumbar laminectomy. Current medications list Buprenorphine, Doxepin cream, Flexeril, Lyrica, and Venlafaxine. Review indicated the request for Functional Restoration Program was denied, negating the need for transportation to/from the program. Additionally, it was noted there was no clinical evidence of deficits preventing the patient from self-transporting. The request(s) for FOUR TRANSPORTATION SERVICES TO AND FROM FUNCTIONAL RESTORATION PROGRAM VISITS was non-certified on 8/21/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 TRANSPORTATION SERVICES TO AND FROM FUNCTIONAL RESTORATION PROGRAM 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Transportation, page 354.

**Decision rationale:** This 47 year-old patient sustained a lifting injury on 8/21/1987 while employed by [REDACTED]. Request(s) under consideration include FOUR TRANSPORTATION SERVICES TO AND FROM FUNCTIONAL RESTORATION PROGRAM VISITS. The patient is s/p lumbar laminectomy. Current medications list Buprenorphine, Doxepin cream, Flexeril, Lyrica, and Venlafaxine. Peer review report indicated the request for Functional Restoration Program was denied, negating the need for transportation to/from the program. Additionally, it was noted there was no clinical evidence of deficits preventing the patient from self-transporting. The request(s) for FOUR TRANSPORTATION SERVICES TO AND FROM FUNCTIONAL RESTORATION PROGRAM VISITS was non-certified on 8/21/14. There were weekly progress reports from what appears to be a FRP. Date of service report of 6/23/14-6/27/14 noted patient has completed 155 cumulative hours in week 6:26 with noted improvement to manage chronic pain. Report of 8/13/14 from psychology provider noted patient was concerned that she will not be as motivated to make necessary changes now that she is out of the program and has less support. It is unclear whether the FRP was authorized; however, request in question is for retrospective transportation to and from the FRP. ACOEM, MTUS do not address transportation to and from appointments; however, ODG does recommend medically-necessary transportation to appointments for patients with disabilities preventing them from self-transport. Submitted reports have not demonstrated adequate support for treatment request and do not provide supporting medical reasoning indicating why the patient cannot drive or use public transportation. There was no documentation regarding how far the patient needed to travel or how long the patient needed to stay for the appointments nor do reports address other options that have been exhausted or comorbidities preventing patient to travel by alternative means. Clinical findings show no indication of limitations or specific neurological deficits preventing self-transport to support for these services. The 4 TRANSPORTATION SERVICES TO AND FROM FUNCTIONAL RESTORATION PROGRAM VISITS is not medically necessary and appropriate.