

<b>Case Number:</b>	CM14-0084456		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	11/05/2009
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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:

The records presented for review indicate that this 51-year-old female was reportedly injured on November 5, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 30, 2014, indicates that there are ongoing complaints of pain of the cervical, thoracic, and lumbar spine as well as right shoulder pain. The physical examination demonstrated decreased cervical spine, lumbar spine, and right shoulder range of motion. There was tenderness and muscle spasms of the right shoulder and right foot. Decreased sensation was also noted along the right upper extremity, right hand, and right foot although it is not stated where. Trigger points were also found along the cervical, thoracic, and lumbar spine as well as the right shoulder and right ankle/foot. Diagnostic imaging studies of the lumbar spine revealed multilevel disc desiccation and annular tears noted at L1/L2, L3/L4, and L4/L5. Nerve conduction studies indicate a left-sided L5 radiculopathy. Previous treatment includes a right sided SI joint block. A request had been made for transportation and was not certified in the pre-authorization process on May 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSPORTATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA Labor Code Section 4600.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Transportation, Updated August 25, 2014.

**Decision rationale:** According to the Official Disability Guidelines transportation to and from appointments is recommended for individuals with disabilities preventing them from self-transport. According to the attached medical record there is no documentation provided that the injured employee is disabled to the extent of being unable to provide their own transportation. Considering this, the request for transportation is not medically necessary.