

<b>Case Number:</b>	CM14-0090691		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 32-year-old with a reported date of injury of 09/03/2013. The patient has the diagnoses of lumbar sprain/strain and back muscle spasms. The only documentation provided for review outside of the utilization review is dated 09/03/2013. At this time the patient had complaints of low back pain rated a 7/10 that occurred when lifting and object and standing upright. The physical exam noted thoracolumbar spasm with a normal gait, sensory exam, range of motion and negative bilateral straight leg raises tests. The treatment plan recommendations included injection and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation for MD and Therapy 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

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disabilities Guidelines, transportation is indicated when medically necessary for patients with disabilities preventing them from self-transport. The

provided documentation states the patient has a normal gait with no motor strength or sensory deficits present on exam. There is no indication in the provided documentation that the patient is unable to provide self-transport. Therefore the request is not medically necessary.