

<b>Case Number:</b>	CM14-0187779		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	02/03/2013
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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, has a subspecialty in Pain Medicine 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 patient with a date of injury of 2/3/13. A utilization review determination dated 11/6/14 recommends non-certification of transportation. 10/8/14 medical report identifies increasing complaints of pain between the shoulder blades 7/10 with and without medication. Low back pain radiates into the posterior thighs bilaterally 9/10 with medication and 10/10 without. The patient has new onset stomach pain following a fall at home. On exam, there is antalgic gait, slightly limited ROM, and positive SLR. Recommendations included a home safety evaluation due to the patient's potential fall risk at home. Transportation to and from medical appointments was also recommended secondary to the patient being unable to obtain friend and family rides as she lives alone and is unable to obtain rides during the day.

### 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 Chapter 7: Independent Medical Examinations and Consultations page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services-California:

Nonemergency Medical Transportation [http://www.dhcs.ca.gov/services/medical/Documents/ManCriteria\\_32\\_MedTrans.htm](http://www.dhcs.ca.gov/services/medical/Documents/ManCriteria_32_MedTrans.htm)

**Decision rationale:** Regarding the request for transportation, California MTUS and ODG do not address the issue. The California Department of Health Care Services notes that nonemergency medical transportation is appropriate 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, the provider notes that the patient is unable to obtain transportation from friends or family, but there is no clear rationale identifying why other forms of public conveyance are contraindicated. In light of the above issues, the currently requested transportation is not medically necessary.