

<b>Case Number:</b>	CM15-0051635		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	05/22/2001
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 injured worker is a 47 year old male, who sustained an industrial injury on 5/22/2001. Diagnoses include spinal lumbar degenerative disc disease, chronic back pain, mood disorder, shoulder pain and lumbar radiculopathy. Treatment to date has included diagnostic imaging, modified activity including work restrictions, exercise program, orthopedic visits, physical therapy, trigger point injections, three level discogram (9/06/2002), transforaminal epidural steroid injections, and medications. Per the Primary Treating Physician's Progress Report dated 2/17/2015, the injured worker reported lower backache and left shoulder pain. The pain is rated as 2 on a scale of 1-10. Pain without medications is a 6/10. Physical examination revealed an antalgic gait. Lumbar range of motion is restricted with flexion and extension. Paravertebral muscles are tender to palpation with hypertonicity and spasm with a tight muscle band noted bilaterally. Straight leg raise is positive on the left supine. Left shoulder movements are restricted. Hawkin's and Neer's test are positive. There was tenderness noted in the acromioclavicular joint, biceps groove and glenohumeral joint. The plan of care included orthopedic referral, medications and follow up care. It was noted that he has difficulty scheduling appointments due to lack of transportation. He is dependent on others for rides. Authorization was requested for transportation to and from appointments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown transportation to and from appointments:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://www.aetna.com/cpb/medical/data/200\\_299/0218.html](http://www.aetna.com/cpb/medical/data/200_299/0218.html).

**Decision rationale:** Pursuant to the Aetna Clinical Policy Bulletin: Home Health Aides, unknown transportation to and from appointments are not medically necessary. The MTUS and Official Disability Guidelines do not cover transportation to and from appointments. Aetna Clinical Policy Bulletin does not consider transportation to be medically necessary. See the attached link for additional details. In this case, the injured worker's working diagnoses are spinal/lumbar degenerative disc disease; chronic back pain; and lumbar radiculopathy. The documentation states the injured worker has difficulty scheduling appointments due to lack of transportation. Transportation to and from a medical appointment is not a medical service. The service is not a medical service. If the service is not a medical necessary, then the service is not medically necessary. The Aetna Clinical Policy Bulletin does not consider transportation to be medically necessary. Consequently, absent guideline recommendations for transportation, unknown transportation to and from appointments are not medically necessary.