

<b>Case Number:</b>	CM15-0061051		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	08/10/2008
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old female, who sustained an industrial injury on 8/10/2008. She reported numbness and tingling down both arms and bilateral shoulder weakness. The injured worker was diagnosed as having bilateral cervical and trapezius strain with repetitive stress injury and lumbar disc degeneration with disc protrusion. Bilateral electromyography (EMG) showed lumbosacral radiculopathy and lumbar magnetic resonance imaging showed mild disc degeneration and mild disc protrusion. Treatment to date has included physical therapy and medication management. In progress notes dated 1/12/2015 and 2/4/2015, the injured worker complains of pain in the neck, headaches and back pain. The treatment plan includes a functional restoration program. The program is 15-20 miles for the patient's residence and the trip causes exacerbation of his pain. The treating physician is requesting transportation for 30 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation x 30 days:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (acute and chronic).

**Decision rationale:** Providing transportation to and from medical appointments is not addressed by the MTUS other than the recommendation by the ACOEM guidelines for measures to be taken to avoid activities which will aggravate the patient's signs and symptoms. The Official Disability Guidelines supports use to transportation to and from medical appointments but only when the patient has a diagnosed disability that prevents self-transport. The provider who requested transportation made the request because they felt the exacerbation of the patient's pain caused by driving to and from the functional restoration program would undermine the effectiveness of the program. This patient's injuries do not prevent self-transport but definitely will worsen her signs and symptoms by driving to and from the program. In light of the above, and remembering that the goal of the approved functional restoration program is to return the patient to full function in the work force, medical necessity for transportation has been established. Therefore, the request is medically necessary.