

<b>Case Number:</b>	CM15-0129408		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	04/21/2008
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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 41 year old male, who sustained an industrial injury on 4/21/2008. He reported tripping and falling onto his left hip. Diagnoses have included lumbar disc displacement without myelopathy, sprain-strain lumbar region, left hip strain, left hip flexor strain, left greater trochanteric bursitis and headache. Treatment to date has included magnetic resonance imaging (MRI) and medication. According to the recent progress report, the injured worker complained of chronic low back pain with radiation down the left lower extremity extending into his foot. He had numbness in the posterolateral aspect of the right leg to the foot as well as numbness in the fourth and fifth toes of the left foot. He complained of weakness in the left lower extremity, particularly with ambulation. Current medications included Norco and Gabapentin. Exam of the lumbar spine revealed spasm and guarding. Sensation was decreased in the left L5 dermatome. Authorization was requested for transportation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation x6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Transportation (to & from appointments).

**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 section, Transportation and Other Medical Treatment Guidelines  
[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 Official Disability Guidelines and Aetna Clinical Policy Bulletin: Home Health Aides, transportation times 6 is not medically necessary. The MTUS and Official Disability Guidelines do not cover transportation to and from appointments. The ODG recommends transportation for patients with disabilities that prevents them from self transport. Aetna 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 lumbar disc displacement without myelopathy; sprain and strain lumbar region, left greater trochanteric bursitis and headache. According to a progress note dated May 7, 2017, the injured worker notes weakness in the lower extremity particularly with ambulatory. Objective findings include no abnormalities of gait or station noted. The appeal to the UR denial showed positive straight leg raising left; decreased sensation L5 dermatome. The treating provider does not document the injured worker's gait. Consequently, absent clinical documentation with evidence of disability preventing self transport and clinical findings of normal gait and station, transportation times 6 is not medically necessary.