

<b>Case Number:</b>	CM15-0095254		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	11/03/2008
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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

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 sustained an industrial injury on November 3, 2008, incurring low back injuries after a motor vehicle accident. He was diagnosed with lumbar degenerative joint disease and radiculopathy. In 2013, he underwent a surgical lumbar fusion. Treatments included epidural steroid injection, physical therapy, medication management and work restrictions. Magnetic Resonance Imaging revealed degenerative changes and stenosis. Electromyography studies showed peripheral neuropathy. He underwent a lumbar decompression with facetectomy and foraminotomy. Currently, the injured worker continued to have severe low back pain with numbness, burning and tingling radiating into both legs, thighs, calf and ankles. The treatment plan that was requested for authorization included Transportation to and from a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation To & From Functional Restoration Program, 10 Visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services - California ([www.dhcs.cs.gov/services/medi-cal](http://www.dhcs.cs.gov/services/medi-cal)) Criteria for Medical Transportation R-15-98E, Criteria Manual Chapter 12.1.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter/Transportation (To & From Appointments) Section.

**Decision rationale:** The MTUS Guidelines do not address transportation to medical appointments. ODG chapters for pain, neck, and low back do not address transportation to medical appointments. The ODG Knee Chapter recommends transportation to and from medically necessary appointments in the same community for patients with disabilities preventing them from self-transport. The requesting physician does not explain why the injured worker is unable to provide transportation, either alone or by personal support system. The request for transportation to & from functional restoration program, 10 Visits is determined to not be medically necessary.