

<b>Case Number:</b>	CM15-0123284		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	07/31/1999
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 54 year old male, who sustained an industrial injury on 7/31/99. The injured worker has complaints of low back pain. The documentation noted there are spasms present in the paraspinal muscles and tenderness to palpation of the paraspinal muscles and range of motion is restricted. The diagnoses have included lumbar radiculopathy. Treatment to date has included acupuncture; carisoprodol; naproxen and omeprazole. The request was for transportation to and from doctors' visits as well as therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation to and from doctors' visits as well as therapy sessions:** 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 and from appointments, Updated May 5, 2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Transportation (to & from appointments) <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, Transportation (to & from appointments) "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport (CMS, 2009) Note: This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care. Transportation in other cases should be agreed upon by the payer, provider and patient, as there is limited scientific evidence to direct practice". There is no documentation that the patient is unable to drive or to use public transportation safely and independently to attend his medical appointments. Therefore, the request for Transportation to and from doctors' visits as well as therapy sessions is not medically necessary.