

Case Number:	CM15-0004007		
Date Assigned:	01/15/2015	Date of Injury:	01/14/2014
Decision Date:	03/12/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/08/2015

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, New York
 Certification(s)/Specialty: Family Practice

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 37 year old male, who sustained an industrial injury on 01/14/2014. The diagnoses have included closed fracture of lumbar vertebra without spinal cord injury, lumbar radiculopathy, incontinence of feces, and abdominal pain. Treatments to date have included therapy and medications. Diagnostics to date have included MRI of the lumbar spine dated 01/06/2015 which showed chronic compression deformity of the L1 vertebral body with some canal narrowing and abutment of descending nerve roots in the left lateral recess but no definite nerve root impingement identified. MRI of the thoracic spine dated 01/06/2015 showed moderate chronic multilevel discogenic degenerative changes of the mid to lower thoracic spine without evidence of canal or foraminal stenosis. In a progress note dated 12/08/2014, the injured worker presented with complaints of right sided low back pain which wakes him up at night. The treating physician requested myofascial therapy as physical examination demonstrates predominantly paravertebral spasm, which is likely related to underlying pathology. Utilization Review determination on 12/19/2014 non-certified the request for Transportation to Visits for Myofascial Therapy citing California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to myofascial therapy visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Health

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Transportation--Knee/Leg

Decision rationale: The request for transportation to and from myofascial therapy appointments is not medically necessary. MTUS guidelines do not address the need for transportation to and from appointments. According to the ODG, transportation is recommended when medically necessary and for patients with disabilities that prevent self-transport. The patient is able to ambulate but with an antalgic gait. There is documentation of exam findings showing dysesthesia but normal motor strength. There is no documented reason that patient would be unable to use public transportation or require medical transport. Therefore the request is considered not medically necessary.