

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/30/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/5/2013
Date of Injury: 8/30/2012
IMR Application Received: 8/6/2013
MAXIMUS Case Number: CM13-0008163

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in California, Texas, and Oklahoma. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55-year-old male who reported an injury on 08/30/2012, the patient is reported to have been involved in a motor vehicle accident when he was rear-ended by another car. He is reported to complain of continuous aching pain in the neck which traveled to his arms and hands associated with numbness and tingling and frequent headaches which he associated with his neck pain. He is also reported to complain of nagging of pain in the lower back which at times became sharp and shooting which traveled to his mid and upper back and down to his buttocks and legs. He reported episodes of numbness and tingling into his leg and complained of weakness in his legs. The patient is noted to have undergone MRIs of the cervical spine and thoracic spine which were reported to show minor disc bulging of the lumbar spine from L2-S1 levels with moderate right and mild left neural foraminal narrowing at L4-5. The cervical spine is reported to show minor disc bulging at the C3-7 levels with mild right neural foraminal narrowing at C4-5 and C5-6 levels. The patient is reported to have undergone electrodiagnostic studies that revealed mild to moderate bilateral carpal tunnel syndrome. The clinical note dated 06/06/2013 signed by Dr. [REDACTED] reported the patient complained of chronic pain in his lumbar spine with radiation to his bilateral lower extremities which he rated 6/10 and noted medications could not control his pain. The patient is noted to have been given a trigger point injection to 2 points identified in the left lower and right upper back. Request was submitted for purchase of lumbar traction unit. The patient is noted to have treated with physical therapy, medications, TENS unit, and to have undergone a lumbar epidural steroid injection on 08/14/2013.

IMR DECISION(S) AND RATIONALE(S)

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

1. Lumbar Traction, 30 day trial is not medically necessary and appropriate.

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), which is part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pgs. 298-300, 308-310, which is part of the MTUS.

The Physician Reviewer's decision rationale: California MTUS Guidelines do not recommend the use of lumbar traction as traction and has not been proven effective for long-term relief of treating low back pain. The employee is reported to complain of ongoing low back pain. The medical records provided for review notes that the employee was treated with physical therapy, TENS unit, and oral medications without improvement. Additionally, it was noted that the employee had a Magnetic resonance imaging (MRI) of the lumbar spine which showed disc protrusions, degenerative disc disease, and small disc bulges throughout the lumbar spine with mild left neural foraminal narrowing at L4-5. **The request for Lumbar Traction, 30 day Trial is not medically necessary and appropriate.**

/js

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]
[REDACTED]
[REDACTED]

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