

Case Number:	CM13-0007057		
Date Assigned:	12/11/2013	Date of Injury:	11/17/2011
Decision Date:	02/05/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/05/2013

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 & Rehabilitation and is licensed to practice in California. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60 year old female who reported an injury on 11/17/2011. The mechanism of injury was a fall. Review of the medical record revealed the patient had continued complaints of low back pain and neck pain that fluctuated and was associated with spasms and numbness in her left upper extremity. The patient has received previous epidural steroid injections, and participated in sixty two physical therapy sessions, twenty occupational therapy sessions, and twelve acupuncture treatments. The patient had multiple magnetic resonance imaging performed. Official magnetic resonance imaging of lumbar spine 05/09/2013 and 03/26/2013, official magnetic resonance imaging of cervical spine 01/31/2013, and magnetic resonance imaging of thoracic spine 05/09/2013 were performed. The most recent clinical documentation provided in the medical record dated 11/05/2013 and 09/17/2013 reported the patient complaints of pain were related to her left hand. There were no documented complaints of lower back pain in the most recent clinical notes. The last documented complaints of back pain or discomfort was 07/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

DRX 9000 decompression: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) / American College of Occupational and Environmental Medicine (ACOEM) states traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. Official Disability Guidelines states powered traction devices are not recommended. The evidence in support of powered traction devices in general, and specifically vertebral axial decompression, is insufficient to support its use in low back injuries. The patient had multiple affected areas related to her injury, to include her thoracic, cervical and lumbar spine, wrist, and hand. The requested service was to accompany the physical therapy treatments to her lumbar spine. There is no recent clinical documentation of the patient having complaints of back pain. California Medical Treatment Utilization Schedule (MTUS) / American College of Occupational and Environmental Medicine (ACOEM) and Official disability Guidelines does not recommend the use of the requested equipment. The efficacy of spinal decompression achieved with motorized traction for chronic discogenic low back pain remains unproved. As such, the request for DRX 9000 Decompression is non-certified.