

Case Number:	CM13-0019748		
Date Assigned:	06/27/2014	Date of Injury:	04/14/2010
Decision Date:	08/25/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	09/03/2013

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. The expert reviewer is Board Certified in Internal Medicine and Pulmonary Disease 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 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/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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 14, 2010. The applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy; and earlier lumbar spine surgery. In a Utilization Review Report dated August 5, 2013, the claims administrator denied a request for 12 sessions of decompressive therapy involving the lumbar spine while approving a pain management consultation and a followup with the applicant's shoulder surgeon. The applicant's attorney subsequently appealed. On April 2, 2013, the applicant apparently presented with severe low back pain complaints. The applicant's work status was reportedly unchanged. It was not clearly stated whether or not the applicant was working. On February 12, 2013, the attending provider sought authorization for lumbar spine surgery on the grounds that the applicant had tried, failed, and exhausted conservative measures. The applicant subsequently alleged development of derivative mental health issues. On June 25, 2013, the applicant was placed off of work, on total temporary disability. The applicant was having ongoing complaints of neck and low back pain. The applicant was asked to transfer care to pain management 10 months removed from shoulder surgery. Decompressive treatment for the lumbar spine was apparently sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression Therapy 2x6-low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines pages 98-99, Physical Medicine topic. Page(s): 98-99.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule -adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 12, Table 12-8, page 308, traction, the modality of issue here, is deemed not recommended. In this case, the attending provider has not furnished any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM recommendation. It is further noted that both pages 98 and 99 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines emphasize active therapy, active modalities, and self-directed home physical medicine in lieu of passive modalities such as traction during the chronic pain phase of the claim. For all of the stated reasons, then, the request for 12 sessions of decompressive therapy is not medically necessary.