MAXIMUS Federal Services

Case Number:	CM13-0026370		
Date Assigned:	12/11/2013	Date of Injury:	07/28/2004
Decision Date:	02/07/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/19/2013

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 and Rehabilitation and is licensed to practice in Illinois. 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 58-year-old female who reported an injury on 07/28/2004 and has a history of injury to the lumbosacral spine area. A recent MRI of the lumbar spine was performed on 08/16/2013 which noted there is disc desiccation at L3-4 level with suggestion of annular fissure in the posterior aspect of the disc. There is a mild degree of central stenosis secondary to combination of hypertrophic changes at facet joints, hypertrophy of ligamentum flavum and a 4 mm broad based posterior disc protrusion causing pressure over the anterior aspect of the thecal sac. There is also disc desiccation at the L4-5 level with suggestion of an annular fissure in the posterior aspect of the disc. This level shows mild hypertrophic changes at facet joints bilaterally. This level shows a 4 mm broad based posterior disc protrusion causing pressure of the anterior aspect of the thecal sac. An last, there is a disc desiccation at L5-S1 level with a 2 mm broad based posterior disc protrusion making contact with the anterior aspect of the thecal sac. There is suggestion of annular fissure in the posterior aspect of the disc as well. The patient was seen most recently on 11/11/2013 for complaint of bilateral low back pain. Noted in the documentation, there are no changes of symptoms since her last office visit. The patient had been noted to have been doing well and going to physical therapy more often during the week. There was also reference to the patient having broken her ribs during the same time period as she was undergoing her physical therapy as well as chiropractic therapy. The patient states that her pain is a 3/10 with her worst pain being an 8/10. She is also stated as having a pain level of 3 while sitting being the best and worst of 7.5/8. The physician is not requesting a prospective inversion traction table and a prospective referral to a [redacted].

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to [redacted]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Managing Delayed Recovery - Cornerstones of Disability Prevention and Management, page(s) 89-92.

Decision rationale: Under California MTUS/ACOEM it states that referrals may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or had difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to position a behavioral health evaluation as a return to work evaluation. The goal of such an evaluation is, in fact, functional recovery and return to work. Collaboration with the employer and insurer is necessary to design an action plan to address multiple issues, which may include arranging for an external case manager. The physician can function in this role, but may require some discussion to ensure compensation for assuming this added responsibility. Although the patient has been treated for several months for complaints of bilateral low back pain, and the physician is referring her to [redacted], there is no indication of what this doctor's specialty is in relation to the patient's current physical condition. Therefore, the medical necessity for the referral to see this doctor cannot be established at this time. Therefore, the requested service is non-certified.

Inversion traction table: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: Under California MTUS/ACOEM it states that 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. Under Official Disability Guidelines, it states that evidence suggests that any form of traction may not be effective. Neither continuous nor intermittent traction by itself was more effective in improving pain, disability or work absence than placebo, sham or other treatments for patients with a mixed duration of LBP, with or without sciatica. The patient has had ongoing chronic low back pain; however, due to the non-recommendation for the use of a traction device under both California MTUS/ACOEM and ODG, the requested service cannot be warranted at this time. As such, the requested service is non-certified.