MAXIMUS Federal Services

Case Number:	CM13-0045999		
Date Assigned:	12/27/2013	Date of Injury:	10/19/2012
Decision Date:	04/29/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 31 year old male with date of injury10/12/12. The treating physician report dated 10/17/13 indicates that the patient has pain affecting the lumbar spine 7/10, right wrist, left knee and right knee. The current diagnoses are: 1. Right wrist sprain/strain 2. Left knee internal derangement 3. Left knee sprain/strain 4. Right knee internal derangement 5. Right knee sprain/strain The utilization review report dated 10/11/13 denied the request for lumbar decompression therapy x 12 Bil knee based on the rationale that the patient has completed 14 sessions of PT and additional supervised PT is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR DECOMPRESSION THERAPY (12 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back- Vertebral Axial Decompression

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Powered traction devices

Decision rationale: The patient presents with chronic pain affecting the lumbar spine, right wrist and bilateral knees. The treating physician states the patient is to continue with lumbar spine spinal decompression thereapy 12 sessions to increase Range of Motion (ROM) and Activities Of Daily Living (ADL)s and decrease pain. The 10/17/13 treating Final Determination Letter for IMR Case Number [redacted] physician report indicates that the patient has trigger points affecting the lumbar spine, decreased ranges of motion with tenderness and muscle spasm of th lubar paravertebral muscles. There is no lumbar diagnosis for this patient and there is no documentation of response to previous decompression treatments. The MTUS guidelines do not address Lumbar Decompression Therapy. The ODG guidelines under Power Traction Devices states: "Vertebral axial decompression for treatment of low back injuries is not recommended." The request is denied.