

Case Number:	CM13-0049466		
Date Assigned:	02/20/2014	Date of Injury:	06/09/2009
Decision Date:	05/22/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/17/2013

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This is a 48-year-old male with a history of a slip at work landing upon the coccyx / sacral region on 6/09/09. Since that time he has had a complaint of coccygeal pain and has undergone a 2 shot series of fluoroscopically-guided coccygeal nerve block that were beneficial at alleviating his coccyx pain that was aggravated by his prolonged sitting as a truck driver. His pain is described as stabbing, sharp, shooting, achy and dull, 5/10 on the 1 to 10 pain scale. Additionally, his pain management has included the ingestion of Naprosyn and Vicodin in assists in alleviating his discomfort. The most recent progress report or medical record for this review is dated November of 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF SPINAL DECOMPRESSION THERAPY: 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), Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 308.

Decision rationale: The Expert Reviewer's decision rationale: The only identifiable reference regarding spinal decompression, reverse traction with the use of a device that straps the pelvis in such a manner that an axial decompression may occur intermittently providing gentle

decompression of the intervertebral discs and facet joints, is that it is not recommended (under the heading of traction). Additionally, the patient's own recollection is that he had a dislocated coccyx and ongoing coccydynia since the date of injury. This diagnosis is not amiable to vertebral axial decompression. I find that the request is not medically necessary.