

Case Number:	CM14-0005054		
Date Assigned:	01/24/2014	Date of Injury:	12/30/2011
Decision Date:	06/12/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/14/2014

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 Family 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:

The patient is a 62-year-old male with a date of injury on 12/11/2013. The diagnoses include lumbar musculoligamentous injury, lumbar radiculopathy, insomnia, anxiety, and depression. Subjective complaints are of lower back pain. Physical exam shows bilateral lumbar trigger points, decreased range of motion, muscle spasm, and positive Kemp's and positive sitting straight leg raise. Prior treatments include physical therapy, acupuncture, and chiropractic treatments. The request is for 12 treatments of non-surgical spinal decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF NON SURGICAL SPINAL DECOMPRESSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Vertebral axial decompression.

Decision rationale: The CA MTUS states that traction has not been proved effective for lasting relief in treating low back pain, and that evidence is insufficient to support vertebral axial decompression for treating low back injuries. The Official Disability Guidelines (ODG) also

does not recommend non-surgical decompression therapy. Therefore, the request for non-surgical spinal decompression is not consistent with guidelines recommendations and is not medically necessary.