

Case Number:	CM14-0006728		
Date Assigned:	02/07/2014	Date of Injury:	09/19/2007
Decision Date:	06/23/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/17/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 an employee of [REDACTED] and has filed a claim for chronic pain associated with an industrial injury date of September 19, 2007. The treatment to date has included home exercise program, physical therapy, acupuncture, lumbar epidural steroid injection, and oral pain medications. Medical records from 2013-2014 were reviewed showing the patient complaining of pain in the upper and lower back area as well as numbness of both legs. There are no complaints of bowel or bladder problems. The pain is controlled with current regimen and she is able to get a good night sleep with the current regimen. The pain is noted to be at 4-7/10. On examination, there were mild tender spots over the bilateral trapezius area and cervical paraspinal area. The cervical and lumbar spines were noted to have reduced ranges of motion. A neurology consultation was requested to evaluate the whole-body numbness of the patient which was noted in November 2013. The utilization review from January 6, 2014 denied the request for neurological consult due to no clinical finding or change in clinical presentation to warrant a specialist consult. The request for a lumbar traction unit was also denied since it is not a first line therapeutic alternative for back complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR HOME TRACTION UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: As stated on pages 298-301 of ACOEM Low Back Complaints referenced by California MTUS, traction is not recommended since it has not been proven effective for lasting relief in treating low back pain. In this case, the patient has low back complaints and is participating in a home exercise program. There are reports of adequate pain control with the current pain regimen. It is unclear what benefit traction may confer on this patient who is apparently doing well. Therefore, the request for lumbar traction is not medically necessary.

NEUROLOGICAL CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127

Decision rationale: As stated on page 127 of ACOEM Independent Medical Examinations and Consultations Chapter referenced by California MTUS, occupational health practitioners may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient complains of generalized numbness and tingling for the lower extremities. Physical exam did not highlight any specific neurological changes. A laboratory workup was also done but results were not provided. Given no change in clinical presentation, the request for a neurological consultation is not medically necessary.