

Case Number:	CM14-0009207		
Date Assigned:	02/14/2014	Date of Injury:	07/27/2008
Decision Date:	12/16/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/21/2014

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 Florida. 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 54-year-old male with a date of injury of 7/28/2008-7/27/2009. The mechanism of exposure is described as work related exposure at a waste management facility. He has been diagnosed with chronic neck pain with radiation to the bilateral upper extremities. The etiology of the chronic neck pain has been attributed to cervical stenosis and degenerative disc disease of the neck. He also suffers from chronic low back pain that has been in part attributed to industrial injuries. He has had MRI's of the Lumbar and Cervical spine and EMG and NCS performed. He carries the following diagnoses: Chronic pain syndrome, cervical degenerative disc disease, cervical stenosis, right cervical radiculopathy at C6-C7 levels on EMG/NCS of the bilateral upper extremities dated 6/5/2013, bilateral ulnar neuropathy, depression, insomnia, and chronic low back pain secondary to facet arthropathy. A January 15th 2013 physical exam noted, "Cervical and lumbar ranges of motion were restricted by pain in all directions. Cervical and lumbar extensions were made worse by flexion. There is tenderness of lumbar paraspinal muscles overlying the bilateral L3-S1 facet joints, right worse than left, and right sacroiliac joint. There are muscle spasms on palpation of bilateral hands. Muscle strength is 5/5 in all limbs bilaterally." Prior treatment has included behavioral pain management psychotherapy treatment sessions, low back facet joint medial branch blocks, acupuncture, and medications (including narcotics, for which he has followed with pain management.) It was recommended on 5/10/2013 that his disability status be considered permanent and stationary with maximum medical improvement met. It is noted that he will require permanent work restrictions, and will not be able to return to his previous employment. A request was made for an inversion traction purchase, and a utilization review physician did not certify this request. Likewise, an Independent Medical Review was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inversion Traction Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 357.

Decision rationale: California MTUS guidelines state, "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." Therefore the request for an Inversion Traction Purchase is not medically necessary.