MAXIMUS Federal Services

Case Number:	CM14-0017987		
Date Assigned:	04/16/2014	Date of Injury:	12/22/2010
Decision Date:	06/02/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/12/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 59 year old female who reported an injury on 12/22/2010. The mechanism of injury was reportedly the result of being pulled by the right ankle from a chair by a co-worker. The diagnoses for the injured worker included lumbar disc disease and radiculopathy, lumbar facet syndrome, and left sacroiliac arthropathy. The injured worker received an epidural steroid injection on 12/05/2013 to the L5-S1 and left S1 transforaminal. The injured worker reported 75% decrease in pain for a couple days. The injured worker's medications were reported as Tylenol #3 and Zolpidem. Per the clinical note dated 01/07/2014 the injured worker had a positive straight leg test bilaterally with 5/5 strength to bilateral lower extremities and 2+ reflexes to bilateral patella. The request for authorization for medical treatment was not included in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LUMBAR TRACTION UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back; Lumbar and Thoracic.

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

Decision rationale: The Official Disability Guidelines do not recommended using powered traction devices, but home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. As a sole treatment, traction has not been proved effective for lasting relief in the treatment of low back pain. Traction is the use of force that separates the joint surfaces and elongates the surrounding soft tissues. The evidence suggests that any form of traction may not be effective. Neither continuous nor intermittent traction by itself was more effective in improving pain, disability or work absence than placebo, sham or other treatments for patients with a mixed duration of LBP, with or without sciatica. There is documentation of a medical review dated 11/05/2013 which certified 1 lumbar traction unit between 10/22/2013 and 12/16/2013. Therefore the current request for a lumbar traction unit is not medically necessary and appropriate.

1 BILATERAL L4-S1 MEDIAL BRANCH BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,309.

Decision rationale: Per ACOEM Guidelines therapeutic facet joint injections are not recommended for the treatment of low back disorders. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per documentation the injured worker had radiculopathy to bilateral lower extremities that was temporarily resolved with the epidural steroid injection. Therefore the request for a bilateral L4-S1 medial branch block is not medically necessary and appropriate.