MAXIMUS Federal Services

Case Number:	CM14-0131138		
Date Assigned:	08/20/2014	Date of Injury:	03/16/2001
Decision Date:	09/30/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/15/2014

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 Occupational Medicine and is licensed to practice in Colorado. 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 male law enforcement officer with date of injury on March 16, 2001. His mechanism of injury is noted as cumulative type trauma, bilateral knees, and back. He has treated with 6 left knee surgeries, a right meniscectomy in 2006, four visits for lumbar epidural steroid injections in late 2013, and multiple courses of physical therapy and medications. A magnetic resonance imaging on February 8, 2013 showed right knee shows tearing of posterior horn of medial meniscus, moderate degenerative arthrosis. An August 23, 2013 magnetic resonance imaging of the lumbar spine shows multi-level degenerative disk disease and multiple level protrusions L2-S1; facet arthrosis with bilateral neural foraminal compression worse L5/S1. Most current medical report of 7/8/14 reports subjective complaints of mid and low back pain radiating to bilateral right greater than left lower extremity with associated numbness, tingling to toes, weakness. He has been attending physical therapy to back and knees which has been helpful in reducing pain, increasing flexibility and strength, weaning off medications. Examination notes lumbar range of motion limited in all planes, decreased sensation left L4 dermatome, and straight leg-raises positive bilaterally. His diagnosis was lumbar disc with radiculopathy, degeneration of lumbar disc, and low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inversion Table: 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 Updated 07/03/14.

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

Decision rationale: Evidence-based studies do not support the use of traction as a form of treatment for chronic pain. Inversion table devices provide a form of traction that is not supported in the use of chronic pain. The request does not meet criteria of the medical treatment guidelines. Therefore, the requested inversion table is not considered medically necessary.

Ergo Curve Cushion: 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 Update 07/03/14.

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

Decision rationale: Evidence-based studies do not support the use of cushions or lumbar supports for the treatment of chronic low back pain. The Medical Treatment Utilization Schedule guidelines do not support the use of cushion devices in the treatment of chronic low back conditions. Therefore, the Ergo curve cushion is not medically necessary.

Travel Lite Cushion: 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 Update 07/03/14.

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

Decision rationale: Evidence-based studies do not support the use of cushions or lumbar supports for the treatment of chronic low back pain. The medical treatment guidelines do not support the use of cushion devices in the treatment of chronic low back conditions. Therefore, the travel lite cushion is not considered medically necessary.