

Case Number:	CM14-0157855		
Date Assigned:	10/01/2014	Date of Injury:	05/07/2014
Decision Date:	11/19/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/26/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 25-year-old female born on 09/24/1989. On 05/07/2014, while performing her usual and customary duties at work, she had been unloading pallets and as she was lifting boxes, she noted pain in her low back. She completed her work and the next day was seen at [REDACTED] where x-rays were obtained and she was provided medications, and she began physical therapy. She began to experience right sided facial paralysis and numbness of the right eye as she continued working. On 06/02/2014, at [REDACTED], she was examined and given medications for Bell's Palsy. On 06/05/2014, she was seen in ER at [REDACTED] where she treated for Bell's palsy and was provided ophthalmic drops. She presented for initial pain management consultation on 06/10/2014 and reported complaints of ongoing 8/10 low back pain and stiffness with pain radiating to the lower extremities. Following examination the patient was diagnosed with lumbosacral sprain, lumbar radiculopathy, acute Bell's Palsy, and depression and anxiety. The medical provider reported due to her significant symptomatology and lack of improvement with physical therapy, MRI of the lumbar spine was indicated. She was provided with Relafen and Norflex. The provider noted additional PT was not requested. In pain management follow-up on 06/30/2014, the patient reported since her last visit she was seen at a local emergency room. She continued with low back and lower extremity symptoms which had not responded to multiple courses of physical therapy. She was provided with Norco, Norflex and Relafen. In pain management follow-up on 07/22/2014, patient reported significant increase in the level of back pain rated 9/10 despite multiple medications. The patient was reportedly attending physical therapy and past PT sessions had not been beneficial. The patient was to continue with Relafen, Norflex, and Norco. The provider recommended electrodiagnostic studies, and she was to remain off work until her level of pain improved to some degree. She was to return in one month. The

patient underwent lumbar spine MRI on 08/14/2014 with the impression of 1. L4-L5 disc herniation and mild hypertrophic set degenerative changes, 2. L5-S1 central disc protrusion, 3. L3-L4 disc protrusion, and 4. Multilevel disc desiccation. This review is regarding medical necessity for vertebral decompression at a frequency of 5 times per week for 6-10 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vertebral decompression 5xwk x 6-10wks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 8/22/14) Vertebral axial decompression (Vax-D)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines, effective July 18, 2009.. Decision based on Non-MTUS Citation (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Procedure Summary - Powered Traction Devices and Vertebral Axial Decompression (VAX-D). Updated 10/28/2014.

Decision rationale: The requested vertebral decompression is not supported to be medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines) makes no recommendations for or against vertebral decompression or other traction devices; therefore, MTUS is not applicable and ODG is the reference source. ODG does not support medical necessity for the requested vertebral decompression. ODG reports vertebral axial decompression (VAX-D) is not recommended. See Powered traction devices. A recent case series study (with no control) found that an 8-week course of traction using VAX-D was associated with improvements in pain intensity, but said that causal relationships between these outcomes and the intervention should not be made until further study is performed using randomized comparison groups. It should also be noted that this study excluded patients involved in litigation and those receiving workers' compensation. (Beattie, 2008) Only limited evidence is available to warrant the routine use of non-surgical spinal decompression, particularly when many other well investigated, less expensive alternatives are available. (Daniel, 2007) ODG reports powered traction devices are not recommended. While there are some limited promising studies, the evidence in support of powered traction devices in general, and specifically vertebral axial decompression, is insufficient to support its use in low back injuries. Vertebral axial decompression for treatment of low back injuries is not recommended. VAX-D therapy may also have risks, including the potential to cause sudden deterioration requiring urgent surgical intervention. Decompression therapy is intended to create negative pressure on the spine, so that the vertebrae are elongated, pressure is taken off the roots of the nerve, and a disk herniation may be pulled back into place. Decompression therapy is generally performed using a specially designed computerized mechanical table that separates in the middle. The above information applies to other brands of powered traction devices as well, including DRX and Lordex. Although the American Medical Association (AMA), FDA and Centers for Medicare and Medicaid Services (CMS) all consider decompression therapy to be a form of traction, the manufacturers of these devices consider them different from traction devices. (Sherry, 2001) (Gose, 1998) (Colorado, 2001) (Deen, 2003) (Ramos, 2004) (Humana, 2004) (BlueCross BlueShield, 2004) (Martin, 2005) (Clarke, 2007)

(Chou, 2007) The evidence suggests that any form of traction is probably not 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. In summary, ODG does not support the use of non-surgical spinal decompression or powered traction devices in the treatment of low back conditions.