

Case Number:	CM14-0033806		
Date Assigned:	06/20/2014	Date of Injury:	03/27/2013
Decision Date:	07/24/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/18/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 50 year old female whose date of injury is 03/27/2013. The mechanism of injury is described as cumulative trauma. The injured worker complained of pain and discomfort to the cervical and lumbar spine and was prescribed cervical posture pump, lumbar posture pump and LSO light with rigid back on 01/02/14. Lumbar magnetic resonance imaging (MRI) dated 10/26/13 revealed early disc desiccation throughout the lumbar spine, L4-5 diffuse disc protrusion, and L3-4 diffuse disc protrusion. Cervical MRI dated 10/26/13 revealed early disc desiccation at C2-3 and C5-6, and diffuse disc protrusions at C3-4, C4-5 and C5-6. Consultation dated 11/25/13 indicates that from April 2013 to July 2013 she did not receive medical treatment. The injured worker was not taking any medications at that time. Impression is insomnia and headache.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Posture Pump L0637: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Traction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Traction.

Decision rationale: Based on the clinical information provided, the request for lumbar posture pump is not recommended as medically necessary. There is no indication that the injured worker has undergone any recent active treatment. Current evidence based guidelines do not support disc decompression therapy.

LSO light with rigid back E0830: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ACOEM, and Chapter 12.

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

Decision rationale: Based on the clinical information provided, the request for LSO light with rigid back is not recommended as medically necessary. The submitted records fail to establish that the injured worker presents with any condition for which the Official Disability Guidelines would recommend lumbar support. There is no documentation of instability, spondylolisthesis or compression fracture. The Official Disability Guidelines do not recommend lumbar supports for the prevention of low back pain. Therefore, medical necessity is not medically necessary.

Cervical posture pump E0855: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Traction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Traction.

Decision rationale: Based on the clinical information provided, the request for cervical posture pump is not recommended as medically necessary. There is no indication that the injured worker has undergone any recent active treatment. Current evidence based guidelines do not support disc decompression therapy. Therefore the request is not medically necessary.