

Case Number:	CM14-0047375		
Date Assigned:	07/02/2014	Date of Injury:	03/02/2010
Decision Date:	08/22/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/15/2014

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 Physical Medicine and Rehabilitation, 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 patient is a 68 year old male with a date of injury of 3/2/10. Diagnoses include joint pain, lumbar radiculopathy, and traumatic spondylolisthesis. Subjective complaints are low back pain and bilateral leg pain. Pain is noted to continue at 10/10 and can reduce to 3/10 with complete rest. Physical exam shows reduced lumbar range of motion, weakness in the left foot, and decreased sensation at bilateral L4-5 dermatomes. MRI shows disc damage at L4-5 with severe spinal stenosis and severe facet arthrosis. Documentation indicates that the patient is recommended for lumbar fusion, but the patient wants to try decompression therapy first.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuation of spinal decompression therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Vertebral Axial Decompression.

Decision rationale: The California MTUS states that traction has not been proved effective for lasting relief in treating low back pain, and that evidence is insufficient to support vertebral axial

decompression for treating low back injuries. The Official Disability Guidelines also does not recommend non-surgical decompression therapy. Therefore, the request for non-surgical spinal decompression is not consistent with guideline recommendations and is not medically necessary.