

Case Number:	CM14-0048044		
Date Assigned:	07/02/2014	Date of Injury:	09/10/2012
Decision Date:	09/10/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/16/2014

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 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 represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 10, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy and acupuncture; various interventional spine procedures, including an SI joint injection on November 6, 2013; and intermittent drug testing. In a Utilization Review Report dated March 20, 2014, the claims administrator denied a request for a lumbar rehabilitation kit and a lumbar traction device. The applicant's attorney subsequently appealed. In a progress note dated October 9, 2013, the applicant presented with neck pain, low back pain, and elbow pain. The note was handwritten, sparse, and difficult to follow. An MRI of the elbow and chiropractic manipulative therapy was endorsed. The applicant's work status was not clearly detailed. An authorization for a lumbar rehabilitation kit and a traction device was sought via a February 6, 2014 request for authorization form. A completed narrative clinical progress note was not attached to the same. In a handwritten progress note dated March 12, 2014, difficult to follow, not entirely legible, the applicant apparently presented with multifocal low back, neck, and shoulder pain. An authorization was sought for drug testing and an ENT consultation to address hearing loss. The rehab kit and traction device at issue were not explicitly mentioned on this progress note, either.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment -Lumbar Rehab Kit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Page(s): 46-47, 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. In this case, thus, the rehabilitation kit being sought by the attending provider, per ACOEM, is an article of applicant responsibility as opposed to an article of payer responsibility. It is further noted that no applicant-specific rationale, narrative commentary, or clinical progress note was attached to the request for authorization so as to try and offset the unfavorable ACOEM position on the same. Therefore, the request is not medically necessary.

Lumbar Traction: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): TABLE 12-8, PAGE 308.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, traction is deemed "not recommended." In this case, the attending provider did not furnish any compelling applicant-specific rationale, narrative commentary, or medical evidence which would offset the unfavorable ACOEM position on the same. No completed clinical progress notes were attached to the request for authorization. Therefore, the request is not medically necessary.