

Case Number:	CM14-0190978		
Date Assigned:	11/24/2014	Date of Injury:	11/22/2010
Decision Date:	01/09/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/17/2014

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 Orthopedic Spinal Surgeon and is licensed to practice in New York. 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:

Patient is a 48-year-old male with chronic low back pain. Patient has an MRI the lumbar spine that shows mild to moderate multilevel degenerative disc changes. There is no evidence of severe spinal stenosis at any level. On physical examination patient has tenderness palpation of the lumbar spine and reduced range of lumbar motion. Straight leg raising is positive. Motor exam shows normal motor function. At issue is whether patient requires nonsurgical spinal decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Non-surgical Spinal Decompression Qty 20.00: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS low back pain chapter, ODG low back pain chapter

Decision rationale: This patient does not require nonsurgical spinal decompression. Specifically the patient's MRI does not demonstrate any levels of severe spinal stenosis. Also, non-surgical spinal decompression remains experimental and controversial at this time. There

were no peer review outcome studies that show long-term benefits of nonsurgical spinal decompression. In addition risks and benefits of this intervention have not been clearly shown. Additional ligatures needed to support the use of nonsurgical spinal decompression. It remains experimental at this time and not medically necessary.