

Case Number:	CM14-0197032		
Date Assigned:	12/05/2014	Date of Injury:	07/12/2013
Decision Date:	02/12/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/24/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 64 year old male who was injured at work on 07/12/2013. An October 10, 2014 report titled, "Detailed Reevaluation" noted the injured worker was still having pain. A request was made Trial of decompression treatment 2 times a week for 6 weeks. He was placed on Temporary total disability and given a return appointment for six weeks. An earlier report indicated the injured worker was complaining of low back pain that is associated with numbness and tingling down the legs as well as weakness in the left leg. The worker has been diagnosed of HNP, Spinal stenosis, Radiculopathy. The Utilization reviewer denied the request based on lack of detailed information regarding history, examination findings, Treatment so far received and treatment outcome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of decompression treatment 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches Page(s): 6.

Decision rationale: The injured worker sustained a work related injury on 07/12/2013. The medical records provided indicate the diagnosis of HNP, Spinal stenosis, Radiculopathy. The medical records provided for review do not indicate a medical necessity for trial of decompression treatment 2 times a week for 6 weeks. The records did not include detailed history and physical examination findings. The MTUS recommends thorough physical and examination in clinical assessment and treatment planning. Therefore, the requested treatment is not medically necessary and appropriate.