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| <b>Case Number:</b>   | CM15-0016503 |                              |            |
| <b>Date Assigned:</b> | 02/04/2015   | <b>Date of Injury:</b>       | 04/15/2014 |
| <b>Decision Date:</b> | 04/21/2015   | <b>UR Denial Date:</b>       | 01/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/28/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 39-year-old female, who sustained an industrial injury on 4/15/14. She has reported severe low back pain radiating to the right leg after assisting six other people on moving a 500-pound patient. The diagnoses have included lumbar disc displacement, lumbosacral radiculopathy and myofascial dysfunction. Treatment to date has included medications, acupuncture, Epidural Steroid Injection (ESI), trigger point injections, and activity modifications. Currently, as per the physician progress note dated 1/9/15, the injured worker complains of ongoing discomfort in the back that radiates to the right leg. She researched her options and wishes a trial of Vertebral Axial Decompression (VAX-D) (unspecified frequency and duration) which is a type of physical therapy and decompression. Physical exam of the back revealed ranged of motion creates discomfort in both flexion and extension, mildly positive straight leg raise in the right as compared to the left, and sensation is decreased in the right calf. The Magnetic Resonance Imaging (MRI) of the lumbar spine revealed lumbosacral disc herniation. The current medication included Flexeril. The Treatment Plan included a trial of Vertebral Axial Decompression (VAX-D), Flexeril, modified work duty and return in one month. If the symptoms persist, operative intervention would be considered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vertebral Axial Decompression (VAX-D) (unspecified frequency and duration): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines-Vertabral Axial Decompression (VAX-D).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** According to MTUS guidelines, traction “Traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended.” There is no documentation that the patient back condition requires a traction. Therefore, the request for Vertabral Axial Decompression (VAX-D) (unspecified frequency and duration) is not medically necessary.