

Case Number:	CM15-0199828		
Date Assigned:	10/15/2015	Date of Injury:	02/12/2008
Decision Date:	11/30/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/12/2015

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: California

Certification(s)/Specialty: Emergency 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 70 year old male who sustained an industrial injury on 2-12-08. The injured worker reported low back and leg pain. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar disc, sciatica and muscle spasm. Medical records dated 7-16-15 indicate pain rated at 2 out of 10 at best and 7 out of 10 at worst. Provider documentation dated 7-16-15 noted the work status as permanent and stationary. Treatment has included lumbar spine epidural, occasional use of a walker, chiropractic treatments, mechanical traction therapy, ultrasound therapy, Tramadol since at least July of 2015, Hydrocodone since at least July of 2015, lumbar magnetic resonance imaging (2008, Dexa scan (2014), computed tomography, and status post left total knee arthroplasty. Objective findings dated 9-23-15 were notable for antalgic gait, decreased lumbar flexion and extension. The original utilization review (9-30-15) denied a request for Mech traction, 4 sessions, Ultrasound, 4 sessions and Muscle stimulation, 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mech traction, 4 sessions: 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, Lumbar & Thoracic (Acute & Chronic) - Powered traction devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back: Traction.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, traction is not recommended. Home use may be considered for temporary pain relief but any other forms such as done by chiropractors are not indicated. The request is not medically necessary.

Ultrasound, 4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Ultrasound, therapeutic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back: Ultrasound, therapeutic.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines therapeutic ultrasound is not recommended. There is very little evidence to support its use with no benefit documented in prior studies. The request is not medically necessary.

Muscle stimulation, 4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: As per MTUS Chronic pain guidelines, Transcutaneous Electrical Stimulation (TENS) may be considered under circumstance. Only home based therapy may be considered. This appears to be done by a chiropractor. The request is not medically necessary.