MAXIMUS Federal Services

Case Number:	CM13-0000756		
Date Assigned:	02/26/2014	Date of Injury:	02/06/2013
Decision Date:	04/11/2014	UR Denial Date:	05/31/2013
Priority:	Standard	Application Received:	06/19/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain management 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:

This is a female patient with the date of injury of February 6, 2013. A utilization review determination dated May 31, 2013 recommends non-certification of Posture Pump 200 decompression device. The previous reviewing physician recommended non-certification of Posture Pump 200 decompression device due to lack of documentation medical necessity or clinical efficacy of the proposed treatment, supported by high-quality scientific evidence-based guidelines. A Progress Report dated May 23, 2013 identifies Subjective Complaints of back pain a little better. The pain remains localized to the left side of the low back below the waist with radiation to the left buttock. She has been continuing with her chiropractor which has been really helpful, he is also instructing her in home exercise which she does daily. Objective findings identify decreased lordosis. Left pelvis rides higher than the right. Positive tenderness to palpation midline at lumbosacral junction. Positive TTP left lower paraspinals, gluts and left sacroiliac joint. Mildly limited extension with discomfort. FABERS and Gaenslen's positive on the left. Diagnoses identify L5-S1 diffuse disk bulge with small left disc protrusion, antalgic gait, muscle spasm of back, sacroiliac joint dysfunction, and grade 1 retrolisthesis of L5 on S1 - no dynamic instability. Treatment Plan identifies she prefers the Posture Pump 2000 portable disc-decompression deice that she has been using at her chiropractor's office.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTURE PUMP 200 DECOMPRESSION DEVICE: Upheld

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

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

Decision rationale: Regarding the request for Posture Pump 200 decompression device, Occupational Medicine Practice Guidelines state traction has not been proven 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. ODG states powered traction devices are not recommended. While there are some limited promising studies, the evidence in support of powered traction devices in general, and specifically vertebral axial decompression, is insufficient to support its use in low back injuries. As such, the currently requested Posture Pump 200 decompression device is not medically necessary.