

Case Number:	CM14-0142360		
Date Assigned:	09/10/2014	Date of Injury:	07/09/2012
Decision Date:	10/10/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 72-year-old male with a date of injury of 07/09/2012. The listed diagnoses per [REDACTED] are: 1. Left L5 radiculopathy. 2. Cervical degenerative changes. 3. Myofascial pain in neck. According to progress report 04/03/2014, the patient presents with "aching-type pain" in his paracervical and trapezius muscles. He does not have radicular symptoms and denies numbness and tingling. He does note weakness in his arm and has difficulty opening jars. He also has ongoing mild low back pain with left-sided leg numbness and tingling that goes down to his foot and ankle. Examination of the lower back revealed patient "lacks about 25% of full ROM of his L-spine with flexion, extension, and lateral rotation." Patient is able to toe-heel walk with mild difficulty. Strength is normal in his lower extremities. Sensation was decreased in an L5 to S1 dermatomal pattern. There is positive straight leg raise test noted on the left. Treater is requesting "DRX decompression therapy" 20 sessions. Utilization review denied the request on 08/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Sessions of Lumbar Decompression Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-twc guidelines has the following regarding traction in lumbar spine: (http://www.odg-twc.com/odgtwc/low_back)

Decision rationale: This patient presents with continued neck and low back pain. The treating physician is requesting 20 sessions of lumbar decompression therapy. ACOEM page 300 states the following regarding lumbar traction, "Traction has not been proven effective for lasting relief and treating low back pain because evidence is insufficient to support using vertebral axial decompression for treating low back injuries. It is not recommended." Lumbar decompressive therapy or traction units are not supported by ACOEM Guidelines for treatment of low back pain. The lumbar decompressive therapy is not medically necessary, and recommendation is for denial.