

Case Number:	CM14-0182050		
Date Assigned:	11/06/2014	Date of Injury:	06/21/2012
Decision Date:	12/15/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/03/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 24, 2012. Thus far, the applicant has been treated with the following: Analgesic medication; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; initial return to work; and subsequent removal from the workplace. In a Utilization Review Report dated October 8, 2014, the claims administrator denied a request for an inversion table, a form of traction device. The applicant's attorney subsequently appealed. In an October 9, 2013 progress note, it was noted that the applicant had returned to work as an undercover police officer at the [REDACTED], despite ongoing complaints of and issues with chronic low back pain with derivative complaints of anxiety and depression. The applicant did go on to receive an epidural steroid injection on January 7, 2014. On October 1, 2014, the applicant reported ongoing complaints of low back pain radiating into the lower extremities. The applicant was given prescriptions for Medrol, Soma, physical therapy, massage therapy, and an inversion table. The applicant was placed off of work, on total temporary disability, for one month. An updated lumbar MRI was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Inversible table ([REDACTED]): 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): 12-8 308, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 308, traction, the modality at issue, is deemed "not recommended." In this case, the attending provider failed to furnish any compelling applicant-specific rationale or narrative commentary which would offset the unfavorable ACOEM position on the article at issue. The attending provider concurrently sought authorization for massage therapy on the date in question, October 1, 2014. Concurrent pursuit of massage therapy and traction runs counter to the philosophy espoused on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to use such passive modalities "sparingly" during the chronic pain phase of the claim. The request, as written, runs counter to MTUS principles and parameters. Therefore, the request is not medically necessary.