

<b>Case Number:</b>	CM14-0097763		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/27/2006
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Texas. 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 injured worker was involved in a work related injury from 11/27/06. Current diagnoses for this worker include cervical, lumbar, and shoulder pathologies. The worker had cervical fusion and had three epidural steroid injections to the lumbar spine. A magnetic resonance imaging scan had shown multiple levels of degenerative disc disease. The 4/14 note provides nothing other than to say the patient has lumbar disc herniation and a need for lumbar decompression. No exam of the area is included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy/ decompression machine for the lumbar spine 2 X 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): Page: 83. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Lumbar Spine

**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 - Lumbar & Thoracic (Acute & Chronic), Vertebral axial decompression (VAX-DÂ®)

**Decision rationale:** There are no current exam findings. There is no information about prior physical therapy to the lumbar spine. There is no information about any home exercise program.

There is no data to support the appropriateness of this device or treatment, noting the lack of support from clinical guidelines. Given the above very scant clinical data provided for review, and noting no clinical support from guidelines, the request is not seen to be medically appropriate or indicated.