

Case Number:	CM15-0110385		
Date Assigned:	06/16/2015	Date of Injury:	08/29/1995
Decision Date:	07/15/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old male who reported an industrial injury on 8/29/1995. His diagnoses, and/or impressions, are noted to include: lumbar-thoracic radiculitis; lumbar intervertebral disc displacement without myelopathy; myalgia and myositis; spinal enthesopathy; and lumbar "ISD". No current imaging studies are noted. His treatments have included physical therapy with multiple modality treatments, effective; and home exercise strengthening exercises. The physical therapy progress notes of 4/15/2015 noted a gradual decrease in low back pain since his previous visit; and that he cannot get through the day without a flare-up in pain due to his pain increasing with activities. Objective findings were noted to include a 50% decrease in lumbar range-of motion; a positive right & left Kemps test which produced moderate pain; and moderate tenderness with spasms to the bilateral lumbar muscles, with moderate facet irritation. The physician's requests for treatments were noted to include non-surgical spinal decompression sessions with therapeutic exercise and "EMS".

IMR ISSUES, DECISIONS AND RATIONALES

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

8 non-surgical decompression sessions with therapeutic exercise and EMS (electrical muscle stimulation): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices), p121 Page(s): 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back, Lumbar & Thoracic (Acute & Chronic), Traction (2) Low Back, Lumbar & Thoracic (Acute & Chronic), Vertebral axial decompression (VAXD).

Decision rationale: The claimant has a remote history of a work injury occurring in August 1995 and continues to be treated for low back pain. When seen, there was decreased lumbar spine range of motion with tenderness and muscle spasms and positive Kemp's testing. In terms of nonsurgical lumbar decompression treatments, vertebral axial decompression (VAXD) is not recommended. Only limited evidence is available to warrant the routine use of non-surgical spinal decompression, particularly when many other well investigated, less expensive alternatives are available. Powered A powered traction device is not recommended but home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care. Neuromuscular electrical stimulation (NMES) devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range of motion, and re-educate muscles. Use of an NMES device is not recommended. There is no evidence to support its use in chronic pain. The requested decompression and EMS treatments are not considered medically necessary.