MAXIMUS Federal Services

Case Number:	CM15-0072873		
Date Assigned:	04/23/2015	Date of Injury:	11/03/1999
Decision Date:	06/11/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/16/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36 year old who male sustained an industrial injury on 11/03/1999. Diagnoses include lumbar spine disc herniation L5-S1, status post L5-S1 discectomy. Treatment to date has included diagnostic studies, medications, therapy, epidural steroid injections, and previous surgical decompression. A physician progress note dated 03/06/2015 documents the injured worker complains of low back pain, which radiates down his right leg, and he has an increase in stiffness. He presented earlier due to an increase in pain and is requesting an injection. A Toradol injection was administered. He tries to minimize his medication use and continues to work. He has a limp on the right and a stooped posture. There is positive straight leg raising. The injured worker has persistent weakness in the right extensor hallucis longus as well as ankle plantar flexion and ankle. Treatment requested is for 12 trial sessions of disc decompression therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 trial sessions of disc decompression therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic), Traction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Lower Back & Thoracic & Lumbar (acute & chronic) chapter, IDD therapy (intervertebral disc decompression).

Decision rationale: The 36-year-old patient complains of pain in the lower back and right leg, as per progress report dated 03/06/15. The request is for 12 trial sessions of disc decompression therapy. The RFA for the case is dated 03/09/15, and the patient's date of injury is 11/03/99. The patient has been diagnosed with lumbar spine disc herniation at L5-S1, and is status post L5-S1 discectomy, as per progress report dated 03/06/15. Medications included Gabapentin, Tramadol and Ibuprofen. As per progress report dated 03/03/14, the patient's lumbosacral pain is rated at 4- 10/10. The patient's work status has been determined at permanent and stationary, as per progress report dated 02/05/15. Regarding IDD therapy, ODG guidelines chapter 'Lower Back & Thoracic & Lumbar (acute & chronic)' and topic 'IDD therapy (intervertebral disc decompression)', states the following: Not recommended. See Traction. This RCT concluded that adding IDD Therapy to a standard graded activity program has been shown not to be effective. Regarding Traction devices, ODG guidelines state in the same chapter that "Not recommended using powered traction devices, 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 to achieve functional restoration." In this case, the treating physician is requesting for 12 sessions of disc decompression therapy in progress report dated 03/06/15. The physician does not discuss the purpose. Additionally, ODG guidelines do not support the use of decompression therapy. Hence, the request is not medically necessary.