MAXIMUS Federal Services

Case Number:	CM15-0073184		
Date Assigned:	04/23/2015	Date of Injury:	08/23/2011
Decision Date:	05/22/2015	UR Denial Date:	03/26/2015
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: Family Practice

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 53 year old female, who sustained an industrial injury on 8/23/2011. She reported a low back injury while moving boxes. Diagnoses include low back pain. Treatments to date include medication therapy, physical therapy, acupuncture, and a home TENS unit. Currently, she complained of ongoing low back pain with some improvement from physical therapy, home exercise and medications. On 3/16/15, the physical examination documented no acute findings. The plan of care included a one-month trial for a home lumbar traction unit and facet joint injections bilaterally to L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar traction unit rental x 1 month: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: This patient receives treatment for chronic low back pain. This problem dates back to a work-related injury on 08/23/2011. This original injury occurred as a result of lifting heavy boxes. The patient received treatment with medications, physical therapy, acupuncture, and TENS. The patient has become opioid dependent. This review addresses a request to treat the patient with lumbar traction. The treatment guidelines state that traction is not a recommended treatment modality for chronic low back pain. Reviewing the medical literature, one finds a lack of evidence for efficacy and effectiveness that is necessary in order to recommend traction in this clinical setting. Therefore, the request is not medically necessary.

Facet Joint Injection B L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: This patient receives treatment for chronic low back pain. This problem dates back to a work-related injury on 08/23/2011. This original injury occurred as a result of lifting heavy boxes. The patient received treatment with medications, physical therapy, acupuncture, and TENS. The patient has become opioid dependent. The patient did receive an SI joint injection. This review addresses a request for facet joint injection L5-S1. The patient reports chronic low back pain with some radiation to the right lower extremity. On physical exam, there were no findings of radicular pathology. The sensory, reflexes, and motor exams were intact. There was lumbar flexion, but lumbar extension was limited. There was no report of tenderness to palpation on the spine or facet joints. The radiologist's report of an MRI of the lumbar spine on 01/08/2015 does not mention facet joint disease. The treatment guidelines do not recommend facet joint injection to treat chronic low back pain. Based on the documentation, facet joint injections are not medically necessary.