

Case Number:	CM15-0095271		
Date Assigned:	05/21/2015	Date of Injury:	10/26/2013
Decision Date:	06/24/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/18/2015

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: Preventive Medicine, Occupational Medicine

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 37 year old male, who sustained an industrial injury on 10/26/2013. He reported back pain due to a lifting injury. The injured worker was diagnosed as having lumbago and lumbar spinal stenosis. Treatment to date has included diagnostics and chiropractic (stated for 10 months with some help of symptoms per 3/16/2015 progress report). Magnetic resonance imaging was documented as showing L4-5 small broad based disc protrusion, minimally displacing L4-5 intrathecal root, and also mild to moderate central canal stenosis due to development narrowing of the spinal canal and facet arthritis. There was also a small midline protrusion contacting the bilateral S1 nerve roots, with slight deviation of the left S1 nerve root. Currently, the injured worker complains of back pain, rated 9/10 with medications. Pain was gradually increasing from previous visits and Ultram was not helpful. He was authorized for aqua therapy and was to start in 2 weeks. Exam noted tenderness of the lumbar spine facet joints and decreased range of motion. He had seen a chiropractor and felt he would benefit from MTD 4000 treatments and was recommended to start with 4 visits. The treatment plan included decompression therapy visits x4. Current medication was noted as Gabapentin and prescribed Norco. He was currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 decompression therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back - IDD.

Decision rationale: MTUS Guidelines address the general issue of traction therapy for the low back and do not recommend its use. ODG Guidelines are more specific with review of the type of device that is proposed to be utilized and the Guidelines specifically state that it is not recommended. There are no unusual circumstances to justify an exception to Guidelines. The 4 decompression therapy visits are not supported by Guidelines and are not medically necessary.